

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13162

FILED
Jan 29, 2009
Secretary of State

Entity Name: SIGI AND DAVID OBLANDER MINISTRIES INC.

Current Principal Place of Business:

2662 SPRING CAST DR
BUFORD, GA 30519

New Principal Place of Business:

Current Mailing Address:

P O BOX 1894
BUFORD, GA 30515 US

New Mailing Address:

FEI Number: 59-2659576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROZKOWSKI LORA
7605 SYLVAN DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OBLANDER, SIEGRID,
Address: 2662 SPRING CAST DR
City-St-Zip: BUFORD, GA 30519 US

Title: VD () Delete
Name: OBLANDER, DAVID,
Address: 2662 SPRING CAST DRIVE
City-St-Zip: BUFORD, GA 30519 US

Title: DT () Delete
Name: RAGER, BETH
Address: 1533 LEWIS
City-St-Zip: WORDEN, MT 59088 US

Title: D () Delete
Name: PREIK, CHRISTEL
Address: 1084 GALLAOHER ST
City-St-Zip: BURLINGTON, ONTARIO, ON L7T2M8 CA

Title: D () Delete
Name: ROZKOWSKI, LORA
Address: 7605 SYLVAN DR
City-St-Zip: HUDSON, FL 34667 US

Title: D () Delete
Name: CROON, JUNE
Address: 2450 ELIJAH LANE
City-St-Zip: MATTITUCK, NY 11952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PREIK, CHRISTEL
Address: 1084 GALLAGHER ST
City-St-Zip: BURLINGTON, ONTARIO, ON L7T2M8 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OBLANDER

VP

01/29/2009

Electronic Signature of Signing Officer or Director

Date