

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000624

FILED
Apr 26, 2009
Secretary of State

Entity Name: INVERSE MINISTRIES, INC.

Current Principal Place of Business:

5333 PLANTATION HOME WAY
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1648 TAYLOR RD., #607
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3777610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAGG, PENNY
5333 PLANTATION HOME WAY
PORT ORANGE, FL 32128 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: C () Delete
Name: GONCALVES, COLLEEN
Address: 48819 CHENIN BLANC
City-St-Zip: FREMONT, CA 94539

Title: VC () Delete
Name: ARVIN, BRIAN
Address: 110 DANFORTH CT.
City-St-Zip: DANVILLE, CA 94526

Title: D () Delete
Name: JONES, SCOTT
Address: 2400 EISENHOWER AVE.
City-St-Zip: VALPARAISO, IN 46383

Title: D () Delete
Name: JONES, KATHY
Address: 2400 EISENHOWER AVE.
City-St-Zip: VALPARAISO, IN 46383

Title: D () Delete
Name: GONCALVES, DALE
Address: 48819 CHENIN BLANC
City-St-Zip: FREMONT, CA 94539

Title: P () Delete
Name: BRAGG, CLINTON A.
Address: 5333 PLANTATION HOME WAY
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JONES, SCOTT
Address: P.O. BOX 490007
City-St-Zip: MT. BERRY, GA 30149

Title: D (X) Change () Addition
Name: JONES, KATHY
Address: P.O. BOX 490007
City-St-Zip: MT. BERRY, GA 30149

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: CLINTON A. BRAGG

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date