2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003071

Entity Name: DAVID MAGIE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

7790 SW 63RD AVE RD OCALA, FL 34476

Current Mailing Address: New Mailing Address:

PO BOX 772255 7790 SW 63RD AVE RD OCALA, FL 34477 US OCALA, FL 34476

FEI Number: 59-3461080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGIE, DAVID B 7790 SW 63RD AVE RD OCALA, FL 33476

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Apr 20, 2009

Secretary of State

() Delete () Change () Addition

MAGIE, DAVID B Name: Name: Address: 7790 SW 63RD AVE RD Address: City-St-Zip: OCALA, FL 34476 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

Name: MAGIE, ETHEL R Name: Address: 7790 SW 63RD AVE RD Address: City-St-Zip: OCALA, FL 34476 City-St-Zip:

Title: () Delete Title: () Change () Addition

MAGIE, JOHN M Name: Name: 603 HERITAGE PARK COURT Address: Address: City-St-Zip: VALRICO, FL 33594 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 B MAGIE **PRES** 04/20/2009