

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000624

FILED
Jan 03, 2011
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
Name: GONCALVES, COLLEEN
Address: 1470 PALAZZO LANE
City-St-Zip: MANTECA, CA 95337

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

Title: D
Name: JONES, SCOTT
Address: P.O. BOX 25
City-St-Zip: MT. BERRY, GA 30149

Title: D
Name: JONES, CATHY
Address: P.O. BOX 25
City-St-Zip: MT. BERRY, GA 30149

Title: D
Name: GONCALVES, DALE
Address: 1470 PALAZZO LANE
City-St-Zip: MANTECA, CA 95337

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

I hereby 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 all other like empowered.

SIGNATURE: CLINTON A. BRAGG

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date