## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716614**

FILED Feb 02, 2009 Secretary of State

Entity Name: SPORTS WORLD MINISTRIES, INCORPORATED

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1919 S PC INDIANAP	OST RD OLIS, IN 4623	9 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1919 S PC INDIANAP	OST RD OLIS, IN 4623	9 US			
FEI Number:	: 23-7073822	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
350 S. CO UNIT 1406 MARCO IS	SLAND, FL 34°				
	named entity se of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () EILENBERGER 180 BLOSSOM LANCASTER, P	HILL DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () MCDONALD, SI 10812 GREEN INDIANAPOLIS	MEADOW PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () FUCHS, WALTE 321 E FROEST WHEATON, IL	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HOCKETT, MIK 2120 SHANCRE	EST HILL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	BALSWICK, JE	Delete RRY N STATE BLVD	Title: Name: Address:	( ) Change ( ) Addition	

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: SHEREASHER MCDONALD PRES 02/02/2009