

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732521

FILED
Jan 14, 2009
Secretary of State

Entity Name: ASSOCIATED MINISTRIES, INC.

Current Principal Place of Business:

2914 JEFFERSON ST.
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 450
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-1680467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIS,, JACK E
4476 BROAD STREET
MARIANNA, FL 32446 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: HOLLIS, JACK E REV
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446 US

Title: VD () Delete
Name: ARNOLD, ZACHARY REV
Address: 4466 PUTNAM STREET
City-St-Zip: MARIANNA, FL 32446 US

Title: STD () Delete
Name: HOLLIS, SHELLIE F
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446 US

Title: D () Delete
Name: LANEY, RONALD D REV
Address: 115 BEEKS CIRCLE
City-St-Zip: WILLIAMSON, GA 30292 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ARNOLD, ZACHARY L REV
Address: 4466 PUTNAM STREET
City-St-Zip: MARIANNA, FL 32446 US

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: SHELLIE F. HOLLIS

STD

01/14/2009

Electronic Signature of Signing Officer or Director

Date