

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737488

FILED
Apr 29, 2009
Secretary of State

Entity Name: OLFORD MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

4000 RIVERDALE RD
MEMPHIS, TN 38115 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 383231
GERMANTOWN, TN 38183231 US

New Mailing Address:

FEI Number: 23-7154628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, ROBERT G.
802 11TH ST. WEST
BRADENTON, FL 34205 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: T () Delete
Name: BAILEY, SCOTT MR.
Address: 599 HAWKS PEAK ROAD
City-St-Zip: COLLIERVILLE, TN 38017 US

Title: P&CD () Delete
Name: OLFORD, DAVID L DR.
Address: 3985 N BORDEAUX CREEK COVE
City-St-Zip: MEMPHIS, TN 38125

Title: VCD () Delete
Name: LAMB, JEFFREY MR
Address: 303 BRAME ROAD
City-St-Zip: RIDGELAND, MS 39157

Title: SD () Delete
Name: WHITED, TOMMY N DR
Address: 940 COL. ARLINGTON RD. SUITE 109
City-St-Zip: COLLIERVILLE, TN 38017 US

Title: CFO () Delete
Name: THOMPSON, WENDELL MR.
Address: 8307 MOSSY CREEK DRIVE
City-St-Zip: GERMANTOWN, TN 38138 US

Title: D () Delete
Name: ASHBY, CLAUED MR.
Address: 3247 REMEMBRANCE TRACE
City-St-Zip: LAWRENCEVILLE, GA 30044 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WENDELL THOMPSON

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date