2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 760423

Entity Name: DON NORMAN MINISTRIES, INC.

Current Principal Place of Business:

GENEVA SPRINGS CONDOMINIUMS
651 SE 28TH ST #12
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 813
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 59-2159630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NORMAND, DONALD O
GENEVA SPRINGS CONDOMINIUMS
651 SE 28TH STREET #12
MELROSE, FL 32666 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:	NORMAND, DONALD O,	
Address:	GENEVA SPR. CO. 651 SE 28TH ST., #12	
City-St-Zip:	MELROSE, FL 32666	
Title:	VD	( ) Delete
Name:	NORMAND, MICHAEL J.,	
Address:	209 SPRINGVIEW CT.	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	STD	( ) Delete
Name:	NORMAND, CYNTHIA B.,	
Address:	GENEVA SPR. CO, 651 SE 28TH ST., #12	
City-St-Zip:	MELROSE, FL 32666	
Title:	D	( ) Delete
Name:	WILLIAMS, DESERE J	
Address:	1435 LAKE MIST LANE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	RICHMOND, FRANK G.	
Address:	4225 NW 36TH ST	
City-St-Zip:	GAINESVILLE, FL 32603	

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:	D	(X) Change ( ) Addition
Name:	KOCKERT, DAVID	
Address:	4928 NW 102ND PLACE	
City-St-Zip:	GAINESVILLE, FL 32653 US	
Title:	D	(X) Change ( ) Addition
Name:	THOMASON, RON	
Address:	4435 TOUCHTON RD., EAST # 204	
City-St-Zip:	JACKSONVILLE, FL 32246	

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: DR.DON NORMAND PD 03/06/2009

Electronic Signature of Signing Officer or Director — Date