

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006720

FILED
Sep 19, 2008
Secretary of State

Entity Name: RON KENOLY MINISTRIES, INC.

Current Principal Place of Business:

7901 KINGSPONTE PARKWAY, UNIT #4
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

PO BOX 2200
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 77-0391201 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENOLY, REV. RONALD
8613 CRESTGATE CIRCLE
ORLANDO, FL 32819 US

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 () Delete
Name: BERNAL, DICK
Address: 3750 MCKEE ROAD, SUITE B
City-St-Zip: SAN JOSE, CA 95127

Title: VCT () Delete
Name: AJAYI, MICHAEL
Address: 3750 MCKEE ROAD, SUITE B
City-St-Zip: SAN JOSE, CA 95127

Title: DP () Delete
Name: KENOLY, RONALD
Address: 8613 CRESTGATE CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Delete
Name: PARSONS, DIANE
Address: 2408 BAY CT
City-St-Zip: PANAMA CITY, FL 32404

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
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: RON KENOLY

DP

09/19/2008

Electronic Signature of Signing Officer or Director

Date