2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F01000000862

Entity Name: SHIRLEY ARNOLD MINISTRIES, INC.

Current Principal Place of Business:

2025 BARTOW RD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 91996
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 75-2528992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, STEVE
2025 BARTOW RD
LAKELAND, FL 33801 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:	PCD	( ) Delete
Name:	ARNOLD, STEVE	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33801	
Title:	V	( ) Delete
Name:	ARNOLD, SHIRLEY	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33801	
Title:	S	( ) Delete
Name:	CAUSEY, MICHAEL	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33801	
Title:	T	( ) Delete
Name:	HARMON, MYRON	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33801	
Title:	ADV	( ) Delete
Name:	HARMON, LORETTA	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33801	
Title:	ADV	(X) Delete
Name:	STRINGER, JANICE	
Address:	2025 BARTOW RD	
City-St-Zip:	LAKELAND, FL 33081	

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:	
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: MICHAEL CAUSEY S 03/10/2009

Electronic Signature of Signing Officer or Director — Date