## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002833

Entity Name: KENI PETTY MINISTRIES INCORPORATED

FILED Jan 22, 2008 Secretary of State

Littly Nai	ne. KLNFL	.TTT WIIINISTI	KIES, INCORPORA	RILD			
Current Principal Place of Business:				New Prin	New Principal Place of Business:		
707 1/2 NO. DUQUOIN ST., P.O. BOX 205 BENTON, IL 62812					707 1/2 NO. DUQUOIN ST. BENTON, IL 62812		
Current Mailing Address:				New Mai	New Mailing Address:		
707 1/2 NO BENTON,	D. DUQUOIN IL 62812	ST., P.O. BC	X 205				
FEI Number:	37-1278324	FEI Numbe	er Applied For()	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Reg	istered Agent:	Name an	d Address	of New Registered Agent:	
	CE, ANN . 16TH ST. PRINGS, FL	34488 US					
	named entity e of Florida.	submits this	statement for the p	ourpose of changing	its registe	red office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	onic Signature	e of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD ( PETTY, KEN I 10328 IOWA BENTON, IL	ST.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VVC ( PETTY, JOYO 10328 IOWA BENTON, IL	ST.		Title: Name: Address: City-St-Zip:		( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( TOMER, PAM PO BOX 205 BENTON, IL			Title: Name: Address: City-St-Zip:		( ) Change() Addition	
Title: Name: Address: City-St-Zip:	TD ( NEWBURY, J 15812 COUR' SESSER, IL	T LN.		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	D (	) Delete		Title:	D	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOYCE PETTY WC 01/22/2008

WEST FRANKFORT, IL 62896

PORRITT, JERIMY D

518 N. WALNUT ST.

Name: Address:

City-St-Zip:

MCMILLIAN, JERRY M

140 MOONLIGHT DR.

DOE RUN, MO 63637