2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# F04000006147

Entity Name: KEY MINISTRIES, INC.

Current Principal Place of Business:

9339 WOODRUN RD.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10357
PENSACOLA, FL 32524

New Mailing Address:

9339 WOODRUN RD
PENSACOLA, FL 32514

FEI Number: 73-1421404 **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:

LEAL, KEVIN A
9339 WOODRUN RD.
PENSACOLA, FL 32514 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: PC ( ) Delete
Name: LEAL, KEVIN A
Address: 9339 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

Title: ST ( ) Delete
Name: LEAL, KAREN A
Address: 9339 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: ROBINSON, GORDON T
Address: 3123 E. 66TH PLACE
City-St-Zip: TULSA, OK 74137

Title: D ( ) Delete
Name: ANDERSON, GARY
Address: 11754 S. CANTON
City-St-Zip: TULSA, OK 74137

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: KEVIN A LEAL DP 05/04/2009
Electronic Signature of Signing Officer or Director — Date