2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F05000002665

Entity Name: KINGSWAY MINISTRIES, INC.

Current Principal Place of Business:

3707 S.W. 9TH STREET
DES MOINES, IA 50315

New Principal Place of Business:

3707 S.W. 9TH STREET
DES MOINES, IA 503153047

Current Mailing Address:

3707 S.W. 9TH STREET
DES MOINES, IA 50315

New Mailing Address:

FEI Number: 42-1100559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLAND, FLOYD D REV.
3735 PINEVIEW DR.
SEBRING, FL 33875 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: PRES ( ) Delete
Name: JENKINS, WILLIAM O DR.
Address: 2880 GRAND AVE., #207
City-St-Zip: DES MOINES, IA 50312 US

Title: VP/S ( ) Delete
Name: NATION, MILDRED A DR.
Address: 1805 FRAZIER
City-St-Zip: DES MOINES, IA 50315 US

Title: VP/D ( ) Delete
Name: DOORN, ROBERT A DR.
Address: 1403 N.E. 51ST STREET
City-St-Zip: OCALA, FL 34479 US

Title: DIR ( ) Delete
Name: MILLS, PAUL R REV.
Address: 306 DITTO AVE
City-St-Zip: ARLINGTON, TX 760100475 US

Title: DIR ( ) Delete
Name: BROWNING, KEN B REV.
Address: 5908 DOWNINGTON PL, NW
City-St-Zip: ACWORTH, GA 301018480 US

Title: TREA ( ) Delete
Name: NICHOLSON, LYNN L DR.
Address: 911 E. SENECA AVE.
City-St-Zip: DES MOINES, IA 50316 US

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: MILDRED A. NATION VP/S 01/27/2009
Electronic Signature of Signing Officer or Director — Date