

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2009  
Secretary of State**

DOCUMENT# F05000006646

Entity Name: BILL MORRIS MINISTRIES, INC.

**Current Principal Place of Business:**

2820 SHARER RD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

8416 IVY BROOK LANE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 31-1390189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, WILLIAM C  
8416 IVY BROOK LANE  
TALLAHASSEE, FL 32312      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: PD ( ) Delete  
Name: MORRIS, WILLIAM C  
Address: 8416 IVY BROOK LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DST ( ) Delete  
Name: WETHINGTON, KATHY  
Address: 6841 RAVENA DR  
City-St-Zip: HAMILTON, OH 45011

Title: D ( ) Delete  
Name: SAYLOR, JAMES M  
Address: 6301 HOLLYBERRY  
City-St-Zip: HAMILTON, OH 45011

**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:

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: WILLIAM C. MORRIS

PD

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date