2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003444

Entity Name: DR. RICHARD D DOBBINS MINISTRIES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
199 GLEN EAGLE CIRCLE NAPLES, FL 34104	

Current Mailing Address:	**New Mailing Address:**
199 GLEN EAGLE CIRCLE NAPLES, FL 34104	

FEI Number: 87-0708625   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
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:	**Name and Address of New Registered Agent:**
DEBBINS, RICHARD D DR. 199 GLEN EAGLE CIRCLE NAPLES, FL 34104 US	DOBBINS, RICHARD D DR. 199 GLEN EAGLE CIRCLE NAPLES, FL 34104 US

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: DR. RICHARD D. DOBBINS _____   06/08/2009 _____
                      Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title:	P ( ) Delete
Name:	DOBBINS, RICHARD D
Address:	199 GLEN EAGLE CIRCLE
City-St-Zip:	NAPLES, FL 34104

Title:	VST ( ) Delete
Name:	DOBBINS, PRISCILLA I
Address:	199 GLEN EAGLE CIRCLE
City-St-Zip:	NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. RICHARD D. DOBBINS _____   P   06/08/2009 _____
                      Electronic Signature of Signing Officer or Director   Date