2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# F06000007529

Entity Name: COUGHRAN MINISTRIES INC.

Current Principal Place of Business:

4100 FOREST HILL BLVD.
PALM SPRINGS, FL 33406

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 820641
FORT WORTH, TX 76182

New Mailing Address:

FEI Number: 52-1390876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COUGHRAN, RAY
4100 FOREST HILL BLVD.
PALM SPRINGS, FL 33406 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: CS ( ) Delete
Name: COUGHRAN, CHERYL
Address: 405 BRIARWICK LANE
City-St-Zip: COLLEYVILLE, TX 76034

Title: P ( ) Delete
Name: COUGHRAN, RAY
Address: 405 BRIARWICK LANE
City-St-Zip: COLLEYVILLE, TX 76034

Title: V ( ) Delete
Name: FLORES, RONALD
Address: CALZADA SAN JUAN Y 40 AVE.(15AV.2-03ZONA 3
City-St-Zip: GUATEMALA, GUATEMALA, CA,

Title: T ( ) Delete
Name: CORNISH, PARKER
Address: P.O. BOX SB51440
City-St-Zip: SOUTH BEACH, NASSAU, BAHAMAS,

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: RAY COUGHRAN PRES 04/18/2009

Electronic Signature of Signing Officer or Director — Date