

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003970

FILED
Mar 19, 2009
Secretary of State

Entity Name: MILTON BOONE MINISTRIES, INCORPORATED

Current Principal Place of Business:

28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748

New Principal Place of Business:

28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748 US

Current Mailing Address:

28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748

New Mailing Address:

28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748 US

FEI Number: 73-1135800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOONE, DOROTHY
28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

BOONE, DOROTHY E PST
28944 HUBBARD ST. LOT #84
LEESBURG, FL 34748 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: DOROTHY E. BOONE

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BOONE, DOROTHY
Address: P.O. BOX 1327
City-St-Zip: WILDWOOD, FL 34748

Title: V () Delete
Name: BAKER, CARLETON
Address: P.O. BOX 1327
City-St-Zip: WILDWOOD, FL 34785

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BOONE, DOROTHY E MRS
Address: 28944 HUBBARD ST. LOT #84
City-St-Zip: LEESBURG, FL 34748 US

Title: V (X) Change () Addition
Name: BAKER, CARLETON H MR
Address: 6086 CR 44A
City-St-Zip: WILDWOOD, FL 34785 US

Title: SEC () Change (X) Addition
Name: BAKER, DOROTHY M MRS
Address: 6086 CR 44A
City-St-Zip: WILDWOOD, FL 34785 US

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: DOROTHY E. BOONE

PST

03/19/2009

Electronic Signature of Signing Officer or Director

Date