2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# F93000003729

Entity Name: COL STRINGER MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 15277
JACKSONVILLE, FL 322395277

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15277
JACKSONVILLE, FL 322395277

New Mailing Address:

FEI Number: 38-3002361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

TOMLINSON, WILEY
2360 ST JOHNS'S BLUFF RD
JACKSONVILLE, FL 32246 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: CDP ( ) Delete
Name: STRINGER, COL
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: CDV ( ) Delete
Name: STRINGER, JAN
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: TOMLINSON-BARTLEY, MERRY
Address: 12301 KERNAN FOREST BLVD, # 1402
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete
Name: TOMLINSON, WILEY
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: DTQT ( ) Delete
Name: TOMLINSON, JEANA
Address: 2860 ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: WILEY H. TOMLINSON VP 05/11/2009

Electronic Signature of Signing Officer or Director — Date