

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000762

FILED
May 03, 2009
Secretary of State

Entity Name: Q.T. WALLACE SR. MINISTRIES, INC.

Current Principal Place of Business:

1100 SCOTT AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1100 SCOTT AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3623645 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:

Name and Address of New Registered Agent:

WALLACE, QUINTIN T SR.
1100 SCOTT AVENUE
SANFORD, FL 32771 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLACE, QUINTIN T SR.
Address: 1100 SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: WALLACE, ELGA R
Address: 1100 SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WALKER, NATARSHA J
Address: 1100 SCOTT AVE.
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WALLACE, ELGENA T
Address: 1100 SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771

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: QUINTIN T. WALLACE

PD

05/03/2009

Electronic Signature of Signing Officer or Director

Date