

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001460

Entity Name: MAJESTIC MINISTRIES, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

6100 DOGWOOD DR.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6100 DOGWOOD DR.
MILTON, FL 32570

New Mailing Address:

6631 RIDGE CREST DR
MILTON, FL 32570

FEI Number: 59-3628991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, MELISSA K
6631 RIDGE CREST DR
MILTON, FL 32570 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: P () Delete
Name: REVILL, BRENDA F
Address: 125 COTTONWOOD TRAIL UNIT 1B
City-St-Zip: BRANSEN, MO 656116

Title: C () Delete
Name: REVILL, CHARLES R
Address: 125 COTTONWOOD TRAIL UNIT 1B
City-St-Zip: BRANSEN, MO 656116

Title: V () Delete
Name: ATTAWAY, LENA
Address: P.O. BOX 232
City-St-Zip: BAGDAD, FL 32530

Title: ST () Delete
Name: MILLER, NICOLE
Address: 9148 ALTON COURT
City-St-Zip: MILTON, FL 32583

Title: T () Delete
Name: EVANS, SCOTT
Address: 6631 RIDGE CREST DR.
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: EVANS, MELISSA
Address: 6631 RIDGE CREST DR.
City-St-Zip: MILTON, FL 32570

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
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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: MELISSA EVANS

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date