2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N00000002036

Entity Name: CLARENCE RAY MINISTRIES, INC.

Current Principal Place of Business:

2760 SW 4TH STREET
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2760 SW 4TH STREET
FT LAUDERDALE, FL 33312

New Mailing Address:

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

Name and Address of Current Registered Agent:

STANLEY, MERCEDA
2760 SW 4TH STREET
FT LAUDERDALE, FL 33312 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: PD ( ) Delete
Name: STANLEY, MERCEDA
Address: 2760 SW 4TH STREET
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VD ( ) Delete
Name: SUTTON, DOROTHY
Address: 3341 NW 15TH PLACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TSD ( ) Delete
Name: SUTTON, BRIAN
Address: 2760SW 4TH ST.
City-St-Zip: FT LAUDERDALE, FL 33312

Title: C ( ) Delete
Name: PARHAM, BRENDA CHAIR
Address: 911 NW TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: C ( ) Delete
Name: RAY, BRUCE CHAIR
Address: 911 NW 5H COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: RAY JR., CLARENCE DIR
Address: 911 NW 5TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

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:

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: MERCEDA STANLEY PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date