2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003256

Entity Name: NARROW WAY MINISTRIES, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13793 SHADYWOODS ST N JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 13793 SHADY WOODS ST N JACKSONVILLE, FL 32224 FEI Number: 59-3709206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENE, SAMUEL N 13793 SHADY WOODS ST. N JACKSONVILLE, FL 32223 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete GREENE, SAMUEL N Name: Name: Address: 13793 SHADY WOODS ST N Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: DUKE, DAN Name: Address: 1301-17 MONUMENT RD Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition GREENE, KATHLEEN Name: Name: 13793 SHADY WOODS ST N Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 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: SAMUEL GREENE DR. 03/27/2009