

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003393

FILED
Aug 25, 2009
Secretary of State

Entity Name: STAR OF FAITH II MINISTRIES, INC.

Current Principal Place of Business:

3201 E. ELLICOTT AVE.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8252
TAMPA, FL 336748252

New Mailing Address:

FEI Number: 59-3644474 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:

WILLIAMS, ANTHONY J
1012 E. OKALOOSA AVE.
TAMPA, FL 33604 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: WILLIAMS, ANTHONY J PASTOR
Address: 1012 E. OKALOOSA AVE.
City-St-Zip: TAMPA, FL 33604

Title: TRC () Delete
Name: SANDERSON, RUBY
Address: 1217 E MCBERRY
City-St-Zip: TAMPA, FL 33603

Title: TRC () Delete
Name: HARDY, JOSEPHINE
Address: 2503 E OSBORNE AVE
City-St-Zip: TAMPA, FL 33610

Title: TRS () Delete
Name: WILLIAMS, YOLANDA
Address: 1012 E. OKALOOSA AVE.
City-St-Zip: TAMPA, FL 33604

Title: TRC () Delete
Name: LAWSON, DELVIN
Address: 8902 SANDY PLAINS DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

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: TRC () Change (X) Addition
Name: BENTFORD, PAMELA C
Address: 1012 EAST OKALOOSA AVE.
City-St-Zip: TAMPA, FL 33604

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: ANTHONY J. WILLIAMS

PD

08/25/2009

Electronic Signature of Signing Officer or Director

Date