

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003597

FILED
Feb 12, 2009
Secretary of State

Entity Name: SECOND TOUCH MINISTRIES, INC.

Current Principal Place of Business:

46 ACE HIGH STABLES RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

46 ACE HIGH STABLES RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3650007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFADDEN, JR, ALLAN E
46 ACE HIGH STABLES RD
CRAWFORDVILLE, FL 32327 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: D () Delete
Name: HOPE, JOHN REV.
Address: 80 SPANISH MOSS LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MILLER, HENRY REV.
Address: 2763 SHADEVILLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: SLADE, TOM
Address: 89 CORBETT LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: VICK, DAVID
Address: 113 RIVER PLANTATION ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: MCFADDEN, JR., ALLAN
Address: 46 ACE HIGH STABLES RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEE, CHARLES E
Address: 2010 REGISTER ROAD
City-St-Zip: TALLAHASSEE, FL 32305

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: D () Change (X) Addition
Name: JOHNSON, RAYMOND
Address: 8890 MEAGAN LANE
City-St-Zip: TALLAHASSEE, FL 32309

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: ALLAN E. MCFADDEN, JR.

P

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date