

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005146

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAMILY TREE MINISTRIES, INC.

Current Principal Place of Business:

17626 94TH ST. N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17626 94TH ST. N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1030629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAL, NANCY L
17626 9TH ST. N
LOXAHATCHEE, FL 33470 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: MORAL, ROBERT D
Address: 17626 94TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: CHRZAN, MICHAEL A
Address: 17626 94TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: STD () Delete
Name: MORAL, NANCY L
Address: 17626 94TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: RADOSOVICH, ERIC
Address: 611 NW 108 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: HELEWSKI, BOB
Address: 1840 S.W. 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: FALES, STEVE H
Address: 15715 S W 7 PLACE
City-St-Zip: SUNRISE, FL 33326

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: NANCY MORAL

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date