

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007485

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: R.W. MCGHEE MINISTRIES, INC.

**Current Principal Place of Business:**

619 S. CAROLINA AVE.  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 962  
COCOA, FL 32923

**New Mailing Address:**

FEI Number: 59-3684900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGHEE, RANDOLPH W  
619 S. CAROLINA AVE.  
COCOA, FL 32922 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: CPD ( ) Delete  
Name: MCGHEE, RANDOLPH W  
Address: 619 S CAROLINA AVE  
City-St-Zip: COCOA, FL 32922

Title: VDS ( ) Delete  
Name: MCGHEE, TYREEL  
Address: 619 S CAROLINA AVE  
City-St-Zip: COCOA, FL 32922

Title: TD ( ) Delete  
Name: MCGHEE, SARAH D  
Address: 619 S CAROLINA AVE  
City-St-Zip: COCOA, FL 32922

Title: M ( ) Delete  
Name: DAVIS, TRACY E  
Address: 619 S CAROLINA AVE  
City-St-Zip: COCOA, FL 32922

Title: M ( ) Delete  
Name: BERRY, LASHAUNDRA D  
Address: 7700 GREENBORO DR., APT 5  
City-St-Zip: MELBOURNE, FL 329041407

**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:

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: RANDOLPH W MCGHEE

CPD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date