2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N01000003694

Entity Name: OIL OF JOY FULL GOSPEL PROPHETIC PREACHING MINISTRIES, INC.

Current Principal Place of Business:

1740 WEST 1ST STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

PO BOX 1541
JACKSONVILLE, FL 322011541

New Mailing Address:

FEI Number: 59-3731695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, SANDRA T
1464 RAVEN DR. S
JACKSONVILLE, FL 32218 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: NEWTON, CHARITY B
Address: 69 W 32ND STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VT ( ) Delete
Name: LEON, ELISA B
Address: 1717 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: STT ( ) Delete
Name: NEWTON, WILLIE C
Address: 1717 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: ST ( ) Delete
Name: ANDERSON, SANDRA T
Address: 1464 RAVEN DR. S
City-St-Zip: JAKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEWTON, CHARITY B
Address: 519 E. 55 FT STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: SANDRA T. ANDERSON ST 04/13/2009

Electronic Signature of Signing Officer or Director — Date