

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004005

FILED
Apr 27, 2009
Secretary of State

Entity Name: GEORGE E. BUTTS SR. MINISTRIES, INC.

Current Principal Place of Business:

15 PICKCANE LN
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

PO BOX 10552
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3652077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTTS, GEORGE E SR.
15 PICKCANE LN
PALM COAST, FL 32164 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: BUTTS, GEORGE E SR.
Address: 15 PICKCANE LN
City-St-Zip: DAYTONA BEACH, FL 32164

Title: ST () Delete
Name: BUTTS, CATHY
Address: 15 PICKCANE LN
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: HAMILTON, SEAN
Address: 324 BARTLEY ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: GEORGE E. BUTTS, SR.

RA

04/27/2009

Electronic Signature of Signing Officer or Director

Date