

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005571

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAMUEL MINISTRIES, LIVING FIRE OF Y'SHUA, INC.

Current Principal Place of Business:

506 CYPRESS STREET
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 497
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 31-1800156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSLEY, SAMUEL JR
506 CYPRESS STREET
MARY ESTHER, FL 32569 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: MOSLEY, SAMUEL JR
Address: 506 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VTD () Delete
Name: WERNER-MOSLEY, NANCY JANE
Address: 506 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569 US

Title: D () Delete
Name: ELLIS, MICHAEL P
Address: 249 W. CHURCH STREET
City-St-Zip: PARAGON, IN 46166 US

Title: SD () Delete
Name: ALEXANDER, TRACY F
Address: 434 BRIDGE WATER COURT
City-St-Zip: MARY ESTHER, FL 32569 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WERNER-MOSLEY, NANCY JANE
Address: 506 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WERNER, WENDY A
Address: 510 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569 US

Title: TD () Change (X) Addition
Name: WERNER, MARGARET F
Address: 510 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569

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 JANE WERNER-MOSLEY

VD

04/15/2009

Electronic Signature of Signing Officer or Director

Date