

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007458

FILED
Apr 08, 2009
Secretary of State

Entity Name: SPRING OF FAITH MINISTRIES, INCORPORATED

Current Principal Place of Business:

3223 N US HWY 1
SUITE H
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

PO BOX 880505
PORT SAINT LUCIE, FL 34988

New Mailing Address:

4173 SW ALICE STREET
PORT SAINT LUCIE, FL 34953

FEI Number: 59-3750069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, LLOYD G
598 NW SAN REMO CIRCLE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

CAMPBELL, LLOYD G
4173 SW ALICE STREET
PORT SAINT LUCIE, FL 34953 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, LLOYD G
Address: 598 NW SAN REMO CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: COOKE, ESTHER M
Address: 454 ALPINE LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: CAVALERA, ROBYN
Address: 305 DIXON AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: WILLIAMS, HOWARD
Address: 100 LILAC CT
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, LLOYD G
Address: 4173 SW ALICE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change () Addition
Name: COOKE, ESTHER M
Address: 4173 SW ALICE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: REV. LLOYD G CAMPBELL

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date