

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007510

FILED
Mar 29, 2009
Secretary of State

Entity Name: JEFF SPOONEYBARGER MINISTRIES, INC.

Current Principal Place of Business:

203 CORDOBA ST.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:
203 CORDOBA ST.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 01-0555813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOONEYBARGER, JEFF
203 CORDOBA ST
GULF BREEZE, FL 32561 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: SPOONEYBARGER, JEFF
Address: 6500 GREENWELL STREET
City-St-Zip: PENSACOLA, FL 32526

Title: P () Delete
Name: PORTER, JOHN
Address: 1333 UPLAND CREST CT
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: FURCHES, TIM
Address: 7412 ODELL LANE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: BELL, CHRIS
Address: 2555 PINE FOREST RD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: GILLILAND, CHAD
Address: 959 OSPREY CT
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: WIGGINS, DAVID
Address: 120 CAMDEN RD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPOONEYBARGER, JEFF
Address: 203 CORDOBA ST
City-St-Zip: GULF BREEZE, FL 32561

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

Title: () Change () Addition
Name:
Address:
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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: JEFF SPOONEYBARGER

D

03/29/2009

Electronic Signature of Signing Officer or Director

Date