2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01000008625

Entity Name: MONARCH MINISTRIES, INC.

Current Principal Place of Business:

1507 SUNNYMEADE DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1507 SUNNYMEADE DRIVE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGGETT, MAX H
15251 YELLOW BLUFF ROAD
JACKSONVILLE, FL 32226 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: P ( ) Delete
Name: SEWELL, ROBERT B
Address: 1507 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: SRVP ( ) Delete
Name: BENJAMIN, DAVID
Address: 995 PARKRIDGE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete
Name: SEWELL, AMY
Address: 1507 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete
Name: BENJAMIN, KIMBERLY A
Address: 995 PARKRIDGE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: SEWELL, AMY E
Address: 1507 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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: AMY E SEWELL VP 03/23/2009

Electronic Signature of Signing Officer or Director — Date