2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N01000008815

Entity Name: STABLE MINISTRIES, INC.

Current Principal Place of Business:

7445 BLUEJACKET PLACE E
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P O BOX 2418
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 56-2262150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLINE, AARON
7445 BLUE JACKET PLACE E
WINTER PARK, FL 32792 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: EDWARDS, DUANE
Address: 250 CLARKTOWN RD.
City-St-Zip: ROAN MOUNTAIN, TN 37687

Title: D ( ) Delete
Name: OLIVIO, DAVID
Address: 9437 BELMONT TERRACE
City-St-Zip: OVIEDO, FL 327656175

Title: D ( ) Delete
Name: KLINE, AARON
Address: 7445 BLUE JACKET PLACE E
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: EDWARDS, LINDA
Address: 250 CLARKTOWN RD
City-St-Zip: ROAN MOUNTAIN, TN 37687

Title: D ( ) Delete
Name: COOKSEY, LEE
Address: 713 FOX VALLEY DR
City-St-Zip: LONGWOOD, FL 32779

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

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:

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

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

Title: TD ( ) Change (X) Addition
Name: KLINE, KRISTEN O
Address: 7445 BLUE JACKET PLACE E
City-St-Zip: WINTER PARK, FL 32792

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: LINDA H. EDWARDS SD 05/06/2009

Electronic Signature of Signing Officer or Director — Date