

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008986

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BILL STANLEY MINISTRIES, INC.

## Current Principal Place of Business:

613 CASA GRANDE DR.  
MELBOURNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

613 CASA GRANDE DR.  
MELBOURNE, FL 32940

## New Mailing Address:

FEI Number: 11-3666154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANLEY, WILLIAM L  
613 CASA GRANDE DR.  
MELBOURNE, FL 32940 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: STANLEY, WILLIAM L  
Address: 613 CASA GRANDE DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: V ( ) Delete  
Name: STANLEY, DENA  
Address: 613 CASA GRANDE DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: C ( ) Delete  
Name: JOHNSON, WALTER  
Address: 4766 SE 35TH AVE.  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: PROFIT, KEITH  
Address: 6182 JOSEPH CT.  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: LOVE, CHRIS  
Address: 3444 CHERRY RIDGE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C (X) Change ( ) Addition  
Name: LATTIMER, SCOTT  
Address: 710 POINSETTIA AVE  
City-St-Zip: SATELITTE BEACH, FL 32937

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: WILLIAM L. STANLEY

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date