

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002207

FILED
Apr 15, 2009
Secretary of State

Entity Name: AARON ODOM MINISTRIES, INC.

Current Principal Place of Business:

1007 BRASHEAR'S PT.
RIDGELAND, MS 39157

New Principal Place of Business:

807 SHELTON BEACH RD.
APT. 14
SARALAND, AL 36571

Current Mailing Address:

1007 BRASHEAR'S PT.
RIDGELAND, MS 39157

New Mailing Address:

807 SHELTON BEACH RD.
APT. 14
SARALAND, AL 36571

FEI Number: 01-0649381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, AARON
1654 BENT OAKS BLVD.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

ODOM, AARON
1643 BENT OAKS BLVD.
DELAND, FL 32724 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: AARON ODOM

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ODOM, AARON
Address: 1007 BRASHEAR'S PT.
City-St-Zip: RIDGELAND, MS

Title: MR. () Delete
Name: FORNEY, RICHARD
Address: 1643 BENT OAKS BLVD.
City-St-Zip: DELAND, FL 32724

Title: MRS. () Delete
Name: ROSSI, REBECCA
Address: 1643 BENT OAKS BLVD.
City-St-Zip: DELAND, FL 32724

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:

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: AARON ODOM

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date