

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002275

FILED
Mar 25, 2009
Secretary of State

Entity Name: VFR MINISTRIES INC.

Current Principal Place of Business:

3264 TOWNSEND BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2178 BRIGHTON BAY TRAIL WEST
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 04-3671223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESIENA, LOUIS C
2178 BRIGHTON BAY TRAIL W
JACKSONVILLE, FL 32246 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: DP () Delete
Name: DESIENA, LOUIS C
Address: 2178 BRIGHTON BAY TRAIL W
City-St-Zip: JACKSONVILLE, FL 32246

Title: DV () Delete
Name: DESIENA, KATHERINE R
Address: 2178 BRIGHTON BAY TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS () Delete
Name: BURK, MARGARET A
Address: 4090 HODGES BLVD #1105
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS () Delete
Name: VAN STADEN, DEON
Address: 7405 MAPLE TREE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: LOUIS C. DE SIENA

DP

03/25/2009

Electronic Signature of Signing Officer or Director

Date