2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N02000002908

Entity Name: D. W. J. MINISTRIES, INC.

Current Principal Place of Business:

739 7TH STREET
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

739 7TH STREET
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 01-0671485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWTON, VALERY
1238 COGGIN AVE
CHIPLEY, FL 32428 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:	S	( ) Delete
Name:	LAWTON, VALERY	
Address:	1238 COGGIN AVE	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	P	( ) Delete
Name:	DAVID, WOODS PASTOR	
Address:	102 LARAMIE CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	T	( ) Delete
Name:	JAMES, ROSE	
Address:	1000 E 13 CT	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	RHYNES, VANESSA	
Address:	799 ORANGE STREET	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	D	( ) Delete
Name:	BYRD, LOIS	
Address:	163 AVENUE D	
City-St-Zip:	PORT ST JOE, FL 32456	
Title:	D	( ) Delete
Name:	TERRANCE, CARA	
Address:	1400 E 9TH STREET	
City-St-Zip:	PANAMA CITY, FL 32401	

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:	( ) 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: VALERY LAWTON S 02/16/2009

Electronic Signature of Signing Officer or Director — Date