2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003217

Entity Name: CHARLES YOUNG MINISTRIES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9060 ASHVILLE DR. 455 MEHARG RD PENSACOLA, FL 32514 MOLINO, FL 32577

Current Mailing Address: New Mailing Address:

9060 ASHVILLE DR. 455 MEHARG RD PENSACOLA, FL 32514 MOLINO, FL 32577

FEI Number: 03-0435817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, CHARLES
9060 ASHVILLE DR.
PENSACOLA, FL 32514 US
YOUNG, CHARLES
455 MEHARG RD
MOLINO, FL 32577 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: 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: YOUNG, CHARLES Name: YOUNG, CHARLES

 Address:
 9060 ASHVILLE DR.
 Address:
 455 MEHARG RD

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 MOLINO, FL 32577

Title: SD () Delete Title: SD (X) Change () Addition Name: YOUNG, SHAUNDA Name: YOUNG, SHAUNDA

 Name
 FOUNG, SHADNDA

 Address:
 9060 ASHVILLE DR.
 Address:
 455 MEHARG RD

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 MOLINO, FL 32577

Title: TD () Delete Title: () Change () Addition

 Name:
 GRANDISON, TONY
 Name:

 Address:
 7969 CORONET PLACE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32514
 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: SHAUNDA YOUNG SD 04/30/2009