

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003448

FILED
Mar 20, 2009
Secretary of State

Entity Name: PASSAGE MINISTRIES, INC.

Current Principal Place of Business:

2020 N.E. 15TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 695
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 36-4491241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIX, GEORGE B JR.
11503 N.W. 136TH STREET
ALACHUA, FL 32615 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: PT () Delete
Name: DIX, GEORGE B JR.
Address: 11503 N.W. 136TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: VT () Delete
Name: DIX, ROSALYN M
Address: 11503 N.W. 136TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: STT () Delete
Name: HUTCHINSON, ORAN C
Address: 3113 N.W. 53RD DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: GRAHAM, HOLLIE
Address: 618 SE 14TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: T () Delete
Name: CHISM, GERALD
Address: 13306 NW 150TH AVE
City-St-Zip: ALACHUA, FL 32616

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:

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: ROMONA M. AKINS

DBAC

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date