2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N02000003848

Entity Name: NOT ASHAMED MINISTRIES, INC.

Current Principal Place of Business:

3714 HWY 90
PANAMA CITY, FL 32405

New Principal Place of Business:

3714 HWY 390
PANAMA CITY, FL 32405

Current Mailing Address:

3714 HWY 90
PANAMA CITY, FL 32405

New Mailing Address:

3714 HWY 390
PANAMA CITY, FL 32405

FEI Number: 81-0551657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREITMANN, STACEY
1300 SUTHERLAND COURT
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BOE, AMY
3714 HWY 390
PANAMA CITY, FL 32405 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: AMY T. BOE 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CH ( ) Delete
Name: HILYARD, DANIEL
Address: 7120 PATRONIS DR.
City-St-Zip: PANAMA CITY, FL 32408

Title: VCHD ( ) Delete
Name: COLEMAN, CORRINE
Address: 198 DERBY WOODS DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: GARZA, DIANE C
Address: 806 EAST 8TH ST.
City-St-Zip: LYNN HAVEN, FL 32444

Title: TFD ( ) Delete
Name: STEWART, ROSEMARY
Address: 103 FOX RIDGE RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: STEWART, KEVIN
Address: 103 FOX RIDGE RD.
City-St-Zip: PANAMA CITY, FL 32405

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: DANIEL HILYARD CH 01/28/2009
Electronic Signature of Signing Officer or Director Date