2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N02000005128

Entity Name: ARISE AND SHINE GLORY MINISTRIES, INC.

Current Principal Place of Business:

5553 N STATE ROAD 7
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

1921 N W 35TH AVENUE
COCONUT CREEK, FL 33066

Current Mailing Address:

P.O. BOX938429
MARGATE, FL 33093

New Mailing Address:

FEI Number: 56-2294768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSEGREEN, ANSEL
1921 NW 35TH AVENUE
COCONUT CREEK, FL 33066 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: P ( ) Delete
Name: ROSEGREEN, ANSEL
Address: 1921 NW 35TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP ( ) Delete
Name: ROSEGREEN, NORMA
Address: 1921 NW 35TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: O ( ) Delete
Name: VANREIL, EUVA
Address: 303 N W 28TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: O ( ) Delete
Name: STEWART, JOAN
Address: 1850 HOMEWOOD BLVD, APT 301
City-St-Zip: DELRAY BEACH, FL 33445

Title: O ( ) Delete
Name: SPENCE, ALMA
Address: 5901 NW 61 ST BLDG. 18 APT. 212
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: BROWN, WILLIAM
Address: 1073 S W FACET AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: LORD, DERRICK E
Address: 11330 S W 246 STREET
City-St-Zip: HOMESTEAD, FL 33032

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: ANSEL ROSEGREEN P 04/24/2009

Electronic Signature of Signing Officer or Director — Date