

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008119

FILED
Apr 23, 2009
Secretary of State

Entity Name: CENTRAL AMERICAN MINISTRIES, INC.

Current Principal Place of Business:

2465 GOLF COURSE RD.
PERRY, FL 32348

New Principal Place of Business:

106 BRIARWOOD DRIVE
PERRY, FL 32347

Current Mailing Address:

P.O. BOX 349
PERRY, FL 32348

New Mailing Address:

FEI Number: 35-2198663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERSTREET, LOVETT I
2465 GOLF COURSE RD
PERRY, FL 32348 US

Name and Address of New Registered Agent:

OVERSTREET, LOVETT I
106 BRIARWOOD DRIVE
PERRY, FL 32347 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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OVERSTREET, LOVETT I
Address: 2465 GOLF COURSE RD.
City-St-Zip: PERRY, FL 32348

Title: VSTD () Delete
Name: HILLHOUSE, GAIL
Address: 2465 GOLF COURSE RD
City-St-Zip: PERRY, FL 23348

Title: D () Delete
Name: WRIGHT, DURAN
Address: P.O. BOX 644
City-St-Zip: PERRY, F 32348

Title: D () Delete
Name: WRIGHT, TONYA
Address: P.O.BOX 644
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OVERSTREET, LOVETT I
Address: 106 BRIARWOOD DRIVE
City-St-Zip: PERRY, FL 32347

Title: VSTD (X) Change () Addition
Name: WRIGHT, DURAN
Address: P O BOX 644
City-St-Zip: PERRY, FL 23348

Title: D (X) Change () Addition
Name: WRIGHT, TONYA
Address: P.O. BOX 644
City-St-Zip: PERRY, FL 32348

Title: D (X) Change () Addition
Name: LOUQUE, GLENNIS
Address: 106 BRIARWOOD DRIVE
City-St-Zip: PERRY, FL 32347

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: GLENNIS LOUQUE

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date