2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008748

Entity Name: THREEFOLD MINISTRIES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1945 SPRING LAKE DRIVE FRUITLAND PARK, FL 34731	

Current Mailing Address: New Mailing Address:

1945 SPRING LAKE DRIVE FRUITLAND PARK, FL 34731

FEI Number: 46-0507043 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:

GIBSON, MEGAN
6880 SOUTH EAST 107TH STREET
BELLEVIEW, FL 34471 US
OLIVERI, DORIS
1152 WOODLEAF COURT
PALM HARBOR, FL 34684 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: DORIS OLIVERI 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 BELL, GEORGE W
 Name:

 Address:
 1945 SPRING LAKE DRIVE
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BELL, SUSAN G
 Name:

 Address:
 1945 SPRING LAKE DRIVE
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:GIBSON, BRIAN WName:GRIESMER, JANEAddress:6880 SOUTH EAST 107TH STREETAddress:1945 SPRING LAKE ROADCity-St-Zip:BELLEVIEW, FL 34471City-St-Zip:FRUITLAND PARK, FL 34731

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: SUSAN BELL D 04/28/2009