

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009081

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ANNIE A. KNIGHT GLOBAL MINISTRIES, INC.

**Current Principal Place of Business:**

4803 ZANA DRIVE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6883  
FORT MYERS, FL 33911

**New Mailing Address:**

FEI Number: 65-0947776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, WILLIE B  
4803 ZANA DR.  
FORT MYERS, FL 33905 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: VD ( ) Delete  
Name: GREEN, WILLIE B  
Address: 4803 ZANA DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: SD ( ) Delete  
Name: HICKS, LOUISE  
Address: 2445 DUPRESS STREET  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: BLACK, TYRONE  
Address: 2806 6TH STREET WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD ( ) Delete  
Name: KNIGHT, ANNIE  
Address: 3725 WINKLER AVE EXT APT 1311  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: JACKSON, WILLIE  
Address: 3724 NICK ST  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: BOLDEN, MILDRED  
Address: 4977 SHERRY ST  
City-St-Zip: FORT MYERS, FL 33905

**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:

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: LOUISE HICKS

SD

04/28/2009

Electronic Signature of Signing Officer or Director

Date