

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# N02000009113

Entity Name: RICHARD OWENS MINISTRIES, INC.

Current Principal Place of Business:

11156 NORTH 30TH STREET
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 48353
TAMPA, FL 33647

New Mailing Address:

FEI Number: 75-2301318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, MARK C
1430 OAKFIELD DR
BRANDON, FL 33511 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: PD () Delete
Name: OWENS, RICHARD
Address: P. O. BOX 48353
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: WILES, JEFF
Address: 5156 WOOD CIR W
City-St-Zip: LAKELAND, FL 33805

Title: STD () Delete
Name: BRAUDRICK, LINDA
Address: P O BOX 48463
City-St-Zip: TAMPA, FL 33647

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:

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: RICHARD OWENS

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date