2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N02000009872

Entity Name: JOSEPH SIMON CELY MINISTRIES INC.

Current Principal Place of Business:

3205 BENEVA RD.
SARASOTA, FL 34232

New Principal Place of Business:

3205 BENEVA RD.
201
SARASOTA, FL 34232

Current Mailing Address:

3205 BENEVA RD.
SARASOTA, FL 34232

New Mailing Address:

3205 BENEVA RD.
201
SARASOTA, FL 34232

FEI Number: 02-0666839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELY, ROSEMONDE
3205 BENEVA RD.
SARASOTA, FL 34232 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: D ( ) Delete
Name: CELY, JOSEPH S
Address: 3205 BENEVRA RD. #201
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: OCTAVIER, LUC L
Address: 9108 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

Title: D ( ) Delete
Name: CELY, ROSEMONDE
Address: 3205 BENEVRA RD. #201
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Delete
Name: OCTAVIEN, LUC L
Address: 9108 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

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:

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: JOSEPH S CELY D 01/17/2009
Electronic Signature of Signing Officer or Director — Date