2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N02179

Entity Name: RALPH ROBERTS MISSIONS, INCORPORATED

Current Principal Place of Business:

5532 BORDEN RD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 462
MILTON, FL 32572 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVERS, TILDON L JR
4381 STEPHENS RD
PACE, FL 32571 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: ROBERTS, REV. RALPH, D.
Address: 5532 BORDEN ROAD
City-St-Zip: MILTON, FL 32583

Title: VD ( ) Delete
Name: CHAVERS, TILDON L.,, JR.
Address: 4381 STEPHENS RD
City-St-Zip: PACE, FL

Title: D ( ) Delete
Name: ADAMS, ELOISE,
Address: RT 2,
City-St-Zip: LAUREL HILL, FL

Title: D ( ) Delete
Name: CLARY, MICHAEL J.,
Address: P.O. BOX 1026 N/A
City-St-Zip: DESTIN, FL

Title: DST ( ) Delete
Name: GOODSON, BOBBY,
Address: 5470 PINECREST RD
City-St-Zip: ELMORE, AL

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:

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: RALPH D. ROBERTS PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date