

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002495

FILED
Jan 20, 2009
Secretary of State

Entity Name: OFF-ROAD RACING MINISTRIES, INC.

Current Principal Place of Business:

78 DOLPHIN BLVD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

78 DOLPHIN BLVD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 06-1683043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, E. ANDREW
78 DOLPHIN BLVD
PONTE VEDRA BEACH, FL 32082 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: DIR () Delete
Name: DICKSON, E. ANDREW
Address: 78 DOLPHIN BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: OFF () Delete
Name: ARNOLD, ROBINSON F
Address: 15425 MORRIS BRIDGE RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: OFF () Delete
Name: PORTER, JAMES R III
Address: 78 DOLPHIN BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32223

Title: OFF () Delete
Name: HARDIN, WILLIAM DR.
Address: 1034 GREEN WILLOW DRIVE
City-St-Zip: ST. MARY'S, GA 31558

Title: OFF () Delete
Name: ST. JOHN, DONALD L
Address: 116 VILLAGE DRIVE
City-St-Zip: WOODBINE, GA 31569

Title: OFF () Delete
Name: CARR, KEVIN
Address: PO BOX 386
City-St-Zip: CHRISTMAS, FL 32709

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: E. ANDREW DICKSON

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date