2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004767

Entity Name: EDGE MINISTRIES, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8921 DORCHESTER STREET FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

8921 DORCHESTER STREET FORT MYERS, FL 33907

FEI Number: 80-0067832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBINSON, DARIN R 8921 DORCHESTER STREET FORT MYERS, FL 33907 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: ROBINSON, DARIN R Name:

Address: 8921 DORCHESTER STREET Address:
City-St-Zip: FORT MYERS, FL 33907 City-St-Zip:

 $\label{eq:title:Title:V} \textit{Title:} \qquad \textit{V} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{() Change () Addition}$

 Name:
 ROBINSON, LÓNA K
 Name:

 Address:
 8921 DORCHESTER STREET
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

Name:BYRTUS, RICHARD JName:Address:8921 DORCHESTER STREETAddress:City-St-Zip:FORT MYERS, FL 33907City-St-Zip:

 Name:
 BYRTUS, ELIZABETH L
 Name:

 Address:
 8921 DORCHESTER STREET
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907
 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: DARIN R. ROBINSON P 01/16/2009