2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N03000004985

Entity Name: U AND I MINISTRIES, INC.

Current Principal Place of Business:

911 E HAYES ST
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

911 E HAYES ST
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 26-0080958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, IRA L
911 E HAYES ST
PENSACOLA, FL 32503 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: P ( ) Delete
Name: JONES, IRA L
Address: 911 E HAYES ST
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: JOHNSON, DEBRA
Address: 6063 SONGBIRD DR
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: TURNER, BENITA
Address: 2100 ELAINE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: KILLETTE, BRENDA
Address: 8213 CHIQUITA DR
City-St-Zip: PENSACOLA, FL 32534

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: IRA L JONES P 06/30/2009
Electronic Signature of Signing Officer or Director — Date