

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006565

FILED
Feb 05, 2009
Secretary of State

Entity Name: FIREWALL MINISTRIES, INC.

Current Principal Place of Business:

13044 SPRING LAKE DR
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

13044 SPRING LAKE DR
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 06-1704451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ANDRES
13044 SPRING LAKE DR
COOPER CITY, FL 33330 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: FERNANDEZ, ANDRES
Address: 13044 SPRING LAKE DR
City-St-Zip: COOPER CITY, FL 33330

Title: S () Delete
Name: MAALOUF, MICHAEL
Address: 2128 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317

Title: VD () Delete
Name: HERAMB, MARK
Address: 9039 NW 40TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: TRUEX, TOM
Address: 3716 SW 64TH AVENUE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: MCNIELLEY, ROBERT W
Address: 1380 SW 82ND TERRACE #713
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: YEARY, MAX
Address: 2699 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

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
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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: ANDY FERNANDEZ

PD

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date