2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N03000007320

Entity Name: DAVE THOMPSON MINISTRIES, INC.

Current Principal Place of Business:

20317 DALEWOOD RD
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 80-0067186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, DAVID L REV.
20317 DALEWOOD RD
NORTH FORT MYERS, FL 33917 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:	PRES	( ) Delete
Name:	THOMPSON, DAVID L REV.	
Address:	20317 DALEWOOD RD	
City-St-Zip:	NORTH FORT MYERS, FL 33917 US	
Title:	S/TR	( ) Delete
Name:	THOMPSON, TAMERA J	
Address:	20317 DALEWOOD RD	
City-St-Zip:	NORTH FORT MYERS, FL 33917 US	
Title:	DIR	( ) Delete
Name:	MARCHESSEAULT, DOREENE	
Address:	524 BRIGHAM ST	
City-St-Zip:	MARLBOROUGH, MA 01752 US	
Title:	DIR	( ) Delete
Name:	WHITE, MALCOLM	
Address:	7625 SW CANYON RD	
City-St-Zip:	PORTLAND, OR 97225 US	

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: DAVID L THOMPSON PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date