2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 25, 2009
Secretary of State

DOCUMENT# N03000007676

Entity Name: EXPECTANT FAITH MINISTRIES, INC.

Current Principal Place of Business:

13001 SW 67TH AVE
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

13001 SW 67TH AVE
OCALA, FL 34473

New Mailing Address:

FEI Number: 43-2027982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, FOSTER A
13001 SW 67TH AVENUE
OCALA, FL 34473 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: CLARK, FOSTER A
Address: 13001 SW 67TH AVE
City-St-Zip: OCALA, FL 34473

Title: VP ( ) Delete
Name: CLARK, ROCHELLE R
Address: 13001 SW 67TH AVE
City-St-Zip: OCALAL, FL 34473

Title: S ( ) Delete
Name: SALSBURY, TERESA B
Address: 3940 NE 22ND AVE
City-St-Zip: OCALA, FL 34479

Title: ADMO (X) Delete
Name: CLARK, SHIRLEY A
Address: 2231 HAMPTON GREENS BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: A (X) Delete
Name: MILLER, THOMAS A
Address: 886 GLADIOLA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SALSBURY, TERESA B
Address: 3940 NE 22ND AVE
City-St-Zip: OCALA, FL 34479

Title: D (X) Change ( ) Addition
Name: MILLER, THOMAS A
Address: 886 GLADIOLA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

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: FOSTER A. CLARK P 07/25/2009

Electronic Signature of Signing Officer or Director — Date