2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N03000008439

Entity Name: DL MARTIN MINISTRIES, INC.

Current Principal Place of Business:

7993 OTIS WAY
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

38 BLUE ANGEL PARKWAY, #185
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 56-2397637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, DEAN L
7993 OTIS WAY
PENSACOLA, FL 32506 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: O ( ) Delete
Name: MARTIN, DEAN L
Address: 7993 OTIS WAY
City-St-Zip: PENSACOLA, FL 32506

Title: O ( ) Delete
Name: MARTIN, CYNTHIA REV.
Address: 7993 OTIS WAY
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: SHREVE, PATSY REV.
Address: 6923 KITTY HAWK
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: BROWN, PAUL REV.
Address: 8259 EL DORADO DR
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: METZ, BRANDON
Address: 9618 BOBWHITE WAY
City-St-Zip: PENSACOLA, FL 32514

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:

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: CYNTHIA MARTIN VP 04/15/2009

Electronic Signature of Signing Officer or Director — Date