

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008614

FILED
Mar 02, 2009
Secretary of State

Entity Name: COSY FAITH MINISTRIES INC.

Current Principal Place of Business:

6823 W MERRIVALE LN
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2071
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 52-2405297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOES, MICHAEL W
6823 W MERRIVALE LN
HOMOSASSA, FL 34446 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: DIR () Delete
Name: MOES, MICHAEL W
Address: 6823 W MERRIVALE LN
City-St-Zip: HOMOSASSA, FL 34446 US

Title: DIR (X) Delete
Name: MOES, NATHAN
Address: 6823 W MERRIVALE LN
City-St-Zip: HOMOSASSA, FL 34446 US

Title: DIR () Delete
Name: MCGAHEE, JOHN E
Address: 10206 JAVELIN RD
City-St-Zip: BROOKSVILLE, FL 34601 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:

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: MICHAEL W MOES

DIR

03/02/2009

Electronic Signature of Signing Officer or Director

Date