

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009054

FILED
May 07, 2009
Secretary of State

Entity Name: R.O.Y.S. MINISTRY, INC.

Current Principal Place of Business:

P.O. BOX 1311
WEWAHITCHKA, FL 32465

New Principal Place of Business:

538 S. WILLIAMSBURG ROAD
WEWAHITCHKA, FL 32465

Current Mailing Address:

P.O. BOX 1311
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 73-1690474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, CARBERT
538 S. WILLIAMSBURG ROAD
WEWAHITCHKA, FL 32465 US

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: WILLIAMS, CARBERT M JR.
Address: 538 WILLIAMSBURG ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VD () Delete
Name: LEWIS, STEPHANIE
Address: 144 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

Title: CD () Delete
Name: LEWIS, ADRIAN
Address: 144 AVENUE E.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: GAINER, L.
Address: PO BOX 446
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SD () Delete
Name: WILLIAMS, VALENE
Address: PO BOX 354
City-St-Zip: WEWAHITCHKA, FL 32465

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: CARBERT M. WILLIAMS JR.

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date