

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009054

FILED  
Apr 04, 2011  
Secretary of State

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

**Current Principal Place of Business:**

538 S. WILLIAMSBURG ROAD  
WEWAHITCHKA, FL 32465

**New Principal Place of Business:**

**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 ( )

**Name and Address of Current Registered Agent:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHAIE LEWIS

VD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date