

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009687

FILED
Jan 20, 2009
Secretary of State

Entity Name: HASHOMER MINISTRIES, INC.

Current Principal Place of Business:

6720 NW 65TH PL
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 771497
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 20-4534141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DALY, CAROLYN B REV.
2603 SW 10TH STREET APT 287
OCALA, FL 34474 US

Name and Address of New Registered Agent:

DALY, MICHAEL K REV.
6720 NW 65TH PLACE
OCALA, FL 34482 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: MICHAEL K. DALY

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DALY, CAROLYN B REV.
Address: 2603 SW 10TH ST APT 287
City-St-Zip: OCALA, FL 34474 US

Title: V () Delete
Name: DALY, MICHAEL K
Address: 6720 NW 65TH PLACE
City-St-Zip: OCALA, FL 34482 US

Title: S/T () Delete
Name: DALY, KIMBERLY A
Address: 6720 NW 65TH PL
City-St-Zip: OCALA, FL 34482 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DALY, MICHAEL K REV.
Address: 6720 NW 65TH PLACE
City-St-Zip: OCALA, FL 34482 US

Title: V (X) Change () Addition
Name: DALY, CAROLYN B
Address: 2603 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

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 K. DALY

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date