2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000546

FILED Sep 11, 2009 Secretary of State

Entity Name: NATHANIEL WEATHERS JR MINISTRIES, INC. **New Principal Place of Business: Current Principal Place of Business:** 743 S. CENTRAL AVENUE APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 743 S. CENTRAL AVENUE APOPKA, FL 32703 FEI Number: 20-0644999 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: WEATHERS, NATHANIEL D WEATHERS, NATHANIEL JR 743 S. CENTRAL AVE. 743 S. CENTRAL AVE. APOPKA, FL 32703 APOPKA, FL 32703 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: PATRICIA WEATHERS 09/11/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: EXD () Change () Addition () Delete WEATHERS, NATHANIEL JR. Name: Name: Address: 1433 FALCONWOOD COURT Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WHITE, NELLENA Name: SINGLETARY, EDDIE Address: 1341 FOXFORREST CIR. Address: 1030 SCOTT STREET City-St-Zip: APOPKA, FL 32712 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition WEATHERS, PATRICIA Name: Name: 1433 FALCONWOOD CT. Address: Address: City-St-Zip: APOPKA, FL 32712 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: PATRICIA WEATHERS T 09/11/2009