

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002222

FILED
Apr 14, 2009
Secretary of State

Entity Name: B & L MINISTRIES, INC.

Current Principal Place of Business:

WOLFSANGERSTR 6
NIESTETAL, GERMANY, GE 34226 GE

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121705
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-0756591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, TERESA
14949 GREEN VALLEY BLVD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

THOMAS, TERESA
2511 WAY CROSS AVE
EUSTIS, FL 32736 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, ROBERT
Address: WOLFSANGERSTR 6
City-St-Zip: NIESTETAL GERMANY, GE 34266 GE

Title: D () Delete
Name: ARNOLD, LINDA
Address: WOLFSANGERSTR 6
City-St-Zip: NIESTETAL GERMANY, GE 34266 GE

Title: SD () Delete
Name: OOSTERLING, JON
Address: 11846 WHISPER CREEK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: OOSTERLING, MICHELLE
Address: 11846 WHISPER CREEK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: THOMAS, WARREN
Address: 14949 GREEN VALLEY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: THOMAS, THERESA
Address: 14949 GREEN VALLEY BLVD
City-St-Zip: CLERMONT, FL 34712

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:

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: ROBERT ARNOLD

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date