

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002479

FILED  
Sep 17, 2009  
Secretary of State

Entity Name: E-FRESH MINISTRIES, INC.

## Current Principal Place of Business:

3536 UNIVERSITY BOULEVARD NORTH, #111  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

3536 UNIVERSITY BOULEVARD NORTH, #111  
JACKSONVILLE, FL 32277

## New Mailing Address:

FEI Number: 20-1573231      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

THOMAS, JOSEPH M  
570 BROOKVIEW DRIVE NORTH  
JACKSONVILLE, FL 32225 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: D ( ) Delete  
Name: THOMAS, JOSEPH M  
Address: 570 BROOKVIEW DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: THOMAS, CONNIE T  
Address: 570 BROOKVIEW DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: MATCHETT, STEPHEN W  
Address: 3926 HIGH PINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: MATCHETT, SALLY J  
Address: 3926 HIGH PINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

## 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:

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: STEPHEN W. MATCHETT

D

09/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date