

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003415

FILED
Mar 27, 2009
Secretary of State

Entity Name: LAVERNE MITCHELL MINISTRIES INC.

Current Principal Place of Business:

96798 CHESTER RD.
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2131
YULEE, FL 32041

New Mailing Address:

FEI Number: 22-3900195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, LAVERNE
96798 CHESTER RD.
YULEE, FL 32097 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 () Delete
Name: MITCHELL, LAVERNE
Address: 96798 CHESTER RD.
City-St-Zip: YULEE, FL 32097

Title: TD () Delete
Name: FLOYD, SERENA
Address: 931 S. 10TH ST.
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SD () Delete
Name: MITCHELL, SHAKIRA
Address: 3051 E. COBBLEWOOD LANE
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:

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: LAVERNE MITCHELL

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date