

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005407

FILED
Mar 19, 2009
Secretary of State

Entity Name: AQUILLA AND PRISCILLA MINISTRIES, INC.

Current Principal Place of Business:

906 HARTFORD DR
DELAND, FL 32724

New Principal Place of Business:

25250 CR 316 LOT 350
SALT SPRINGS, FL 32724

Current Mailing Address:

906 HARTFORD DR
DELAND, FL 32724

New Mailing Address:

P.O. BOX 5143
SALT SPRINGS, FL 32134

FEI Number: 20-2213617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, PATRICIA
906 HARTFORD DR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

WARE, YVONNE M
25250 CR 316
SALT SPRINGS, FL 32134 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: YVONNE M. WARE

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WARE, EDWARD DR.
Address: 906 HARTFORD DR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CAMPBELL, JODI MRS.
Address: 521 BURTON LANE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: WARE, YVONNE MRS.
Address: 906 HARTFORD DR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: WEBB, JOSEPH DR.
Address: 630 S. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: RAMIREZ, WILLIAM REV.
Address: 747 BAYWOOD CIRCLE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WARE, EDWARD DR.
Address: P.O. BOX 5143
City-St-Zip: SALT SPRINGS, FL 32134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WARE, YVONNE MRS.
Address: P.O. BOX 5143
City-St-Zip: SALT SPRINGS, FL 32134

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: YVONNE M. WARE

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date