2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006630

Entity Name: VOLUME OF THE BOOK MINISTRY INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

187 LAKE THOMAS DR 3590 RECKER HIGHWAY WINTER HAVEN, FL 33880

SUITE 1

WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

187 LAKE THOMAS DR P O BOX 2221

EAGLE LAKE, FL 33839 WINTER HAVEN, FL 33880

FEI Number: 86-1116277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAY, VEORIA SR CLAY, VEORIA SR 187 LAKE THOMAS DR 44 BRANDY CHASE BLVD WINTER HAVEN, FL 33880 US US WINTER HAVEN, FL 33880

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: 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOD () Delete (X) Change () Addition CLAY, VEORIA SR. CLAY, VEORIA SR. Name:

Name: 187 LAKE THOMAS DR. Address: 44 BRANDY CHASE BLVD Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete Title: (X) Change () Addition

CLAY, JUDY Name: CLAY, JUDY Name:

Address: 187 LAKE THOMAS DR. Address: 44 BRANDY CHASE BLVD City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete Title: (X) Change () Addition EXILORME, YOLANDA MITCHELL, YOLANDA D Name: Name: 137 WILLIAMSBURG COURT Address: 187 LAKE THOMAS DR. Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete Title: () Change (X) Addition

Name: Name: MITCHELL, VONCHAE L Address: Address: 137 WILLIAMSBURG COURT City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33880

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: CEOD/VEORIA CLAY RΑ 04/30/2009