

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007092

FILED
Mar 20, 2009
Secretary of State

Entity Name: QUECHUA DAWN MINISTRIES, INC.

Current Principal Place of Business:

1999 MIKLER RD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 2116
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 41-2145496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, PAUL S ESQ
600 S ORLANDO AVE
SUITE 301
MAITLAND, FL 32751 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: STD () Delete
Name: MIKLER, ANDREW
Address: 9958 LAKE GEORGIA DR.
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: GRIFFIN, CLIFTON H
Address: 503 PIEDMONT ST.
City-St-Zip: REIDSVILLE, SC 27320

Title: D () Delete
Name: COLLINS, MARK
Address: 1403 PENNROSE DR.
City-St-Zip: REIDSVILLE, NC 27320

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: CARLOS L. VAZQUEZ

DOPS

03/20/2009

Electronic Signature of Signing Officer or Director

Date