2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000007827

Entity Name: RE-BUILDING THE TOTAL PERSON, INC.

Current Principal Place of Business:

5743 BENEY RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5743 BENEY RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 01-0816269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, FRED L
5743 BENEY RD
JACKSONVILLE, FL 32207 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: P ( ) Delete
Name: WILLIAMS, FRED L
Address: 7260 CRESCENT OAKS CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: V ( ) Delete
Name: WILLIAMS, VERONICE L
Address: 7260 CRESCENT OAKS CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: FIELDS, JERRY
Address: 401 MONUMENT RD APT 237
City-St-Zip: JACKSONVILLE, FL 32225

Title: C ( ) Delete
Name: KIRK, SIS. VERNA
Address: 1803 HOLLY OAKS LAKE RD E
City-St-Zip: JACKSONVILLE, FL 32225

Title: COC ( ) Delete
Name: KIRK, BRO. LEMUEL
Address: 1803 HOLLY OAKS LAKE RD E
City-St-Zip: JACKSONVILLE, FL 32225

Title: FS ( ) Delete
Name: THOMAS, SIS. KATHY A
Address: 5645 NESBITT LN
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FIELDS, JERRY
Address: 1749 W. 2ND ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: C (X) Change ( ) Addition
Name: KIRK, SIS. VERNA
Address: 11124 WINDY OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: COC (X) Change ( ) Addition
Name: KIRK, BRO. LEMUEL
Address: 11124 WINDY OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32225

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: FRED L. WILLIAMS D 04/14/2009
Electronic Signature of Signing Officer or Director — Date