2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007837

Entity Mamas CTEVE VALUENCY MINUSTRUC

FILED Sep 13, 2009 Secretary of State

| Entity Na | me: STEVE WHITNEY MINISTRIES, INC | | | |
|---------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|--|
| Current P | rincipal Place of Business: | New Principal Plac | New Principal Place of Business: | |
| | ARWATER DR HILL, FL 34606 | | | |
| Current M | lailing Address: | New Mailing Addre | New Mailing Address: | |
| | ARWATER DR IILL, FL 34606 | | | |
| | : 33-1084075 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation di | FEI Number Not Applicable() I not receive the prior notice. | Certificate of Status Desired () | |
| Name and | I Address of Current Registered Agent | Name and Address | of New Registered Agent: | |
| | T, STEVE ARWATER DR HILL, FL 34606 US | | | |
| | e named entity submits this statement for the of Florida. | ne purpose of changing its registe | red office or registered agent, or both, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered | Agent | Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHAN | GES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete WHITNEY, STEVE 7387 CLEARWATER DR SPRING HILL, FL 34606 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete WHITNEY, LATIKA 7387 CLEARWATER DR SPRING HILL, FL 34606 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete CLEMONS, TONJA 4870 PLANTERS RIDGE DR TALLAHASSEE, FL 32311 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete TURNER, HENRY 2524 SPRING FOREST ROAD TALLAHASSEE, FL 32301 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D () Delete JOHNSON, LISA | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: STEVE WHITNEY CEO 09/13/2009

942 CEDAR DR PO BOX 12403

BROOKSVILLE, FL 34603

Address:

City-St-Zip: