

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009339

FILED
Mar 17, 2009
Secretary of State

Entity Name: A VOICE FOR SANCTIFICATION MINISTRIES INC.

Current Principal Place of Business:

6900 SILVERSTAR RD
STE 211
ORLANDO, FL 328 18

New Principal Place of Business:

Current Mailing Address:

PO BOX 680177
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 37-1497175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSBY, ELMER
3217 CASTLE OAK AVE
ORLANDO, FL 32808 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: CROSBY, ELMER
Address: 3217 CASTLE OAK AVE
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: CROSBY, AMANDA
Address: 3217 CASTLE OAK AVE
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: ROBINSON, LINDA
Address: 1907 AMERICAN BLVD, APT 37 H
City-St-Zip: ORLANDO, FL 32839

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: ELMER CROSBY

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date