2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009826

FILED Apr 10, 2009 Secretary of State

Entity Name: DAVISES' TOUCH & AGREE MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 729 54TH AVENUE SOUTH 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 ST PETERSBURG, FL 33705 US **Current Mailing Address: New Mailing Address:** 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 US FEI Number: 34-2020261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, HARVEY 729 54TH AVENUE SOUTH US ST PETERSBURG, FL 33705 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CULLIGAN, MARK Name: Name: 215 WEST GRAND CENTRAL AVE#216 Address: Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: Title: VCD Title: () Delete () Change () Addition DAVIS, PHYLLIS Name: Name: Address: 729 54TH AVENUE SOUTH Address: City-St-Zip: ST PETERSBURG, FL 33705 US City-St-Zip: Title: STD () Delete Title: () Change () Addition ELLERS, BRENDA Name: Name: 10801 87TH AVENUE NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: HANCOCK, ALVIN R SR, Name: 3413 EAST NORTH BAY STREET Address: Address: City-St-Zip: TAMPA, FL 33610 US City-St-Zip: Title: () Delete Title: () Change () Addition BUTLER, BERNARD Name: Name: 3727 27TH AVE S Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 US City-St-Zip: Title: () Delete Title: (X) Change () Addition GRAHAM, CHRIS GRAHAM, CHRIS Name: Name: Address: 5599 DR. MARTIN LUTHER KING ST SOUTH Address: 5599 DR. MARTIN LUTHER KING ST SOUTH SAINT PETERSBURG, FL 33705 US SAINT PETERSBURG, FL 33705 City-St-Zip: 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: HARVEY DAVUS PCD 04/10/2009