

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010118

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: C E ANDERSON MINISTRIES, INC.

**Current Principal Place of Business:**

223 OLD BRIDGE CIRCLE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3807  
WINTER HAVEN, FL 33885

**New Mailing Address:**

FEI Number: 16-1717676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, CHARLES E  
223 OLD BRIDGE CIRCLE  
DAVENPORT, FL 33897 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: PD  
Name: ANDERSON, CHARLES E  
Address: 223 OLD BRIDGE CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

Title: SD  
Name: ANDERSON, CHARLES E II  
Address: 223 OLD BRIDGE CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

Title: VD  
Name: ANDERSON, JUDITH F  
Address: 223 OLD BRIDGE CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

Title: TD  
Name: BROWN, LULA W  
Address: P. O. BOX 104  
City-St-Zip: AUBURNDALE, FL 33823

Title: SD  
Name: VINSON, TONY  
Address: P. O. BOX 104  
City-St-Zip: AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

SIGNATURE: LULA W BROWN

TD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date