2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# N04000010118

Entity Name: C E ANDERSON MINISTRIES, INC.

Current Principal Place of Business:

223 OLD BRIDGE CIRCLE
DAVENPORT, FL 33897

New Principal Place of Business:

2795 N 10TH STREET
HAINES CITY, FL 33844

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:

ANDERSON, CHARLES E
832 SUFFOLK PLACE
DAVENPORT, FL 33897 US

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: _____ 04/27/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, CHARLES E
Address: 832 SUFFOLK PLACE
City-St-Zip: DAVENPORT, FL 33897

Title: SD
Name: ANDERSON, CHARLES E II
Address: 832 SUFFOLK PLACE
City-St-Zip: DAVENPORT, FL 33897

Title: VD
Name: ANDERSON, JUDITH F
Address: 832 SUFFOLK PLACE
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 BROWN TD 04/27/2012
Electronic Signature of Signing Officer or Director — Date