

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011255

FILED
Apr 28, 2009
Secretary of State

Entity Name: RICK STRAIGHT MINISTRIES, INC.

Current Principal Place of Business:

648 STANHOPE DR
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 182167
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 01-0833701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAIGHT, RICHARD H
648 STANHOPE DRIVE
CASSELBERRY, FL 32707 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: STRAIGHT, RICHARD H
Address: 648 SRANHOPE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: MITCHELL, REBECCA
Address: 531 IRIS
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: MARLATT, CRAIG S
Address: P.O. BOX 136326
City-St-Zip: CLERMONT, FL 34713-632

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: RICHARD STRAIGHT

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date