2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N05000000082

Entity Name: FOREVER FAMILY MINISTRIES, INC.

Current Principal Place of Business:

1826 14 AVENUE SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

1826 14 AVENUE SW
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3794980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLISON, SIDNEY H
1826 14 AVENUE SW
VERO BEACH, FL 32962 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: DP ( ) Delete
Name: COLLISON, SIDNEY H
Address: 1826 14 AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: DST ( ) Delete
Name: COLLISON, VILDA M
Address: 1826 14 AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: D ( ) Delete
Name: GARDNER, BARBARA J
Address: 425 21ST COURT
City-St-Zip: VERO BEACH, FL 32962 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COLLISON, SIDNEY H
Address: 1826 14TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: DST (X) Change ( ) Addition
Name: COLLISON, VILDA M
Address: 1826 14TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DALE, DAVID E
Address: 1550 EAGLE'S CIRCLE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: D ( ) Change (X) Addition
Name: KEITH, ROBERT L
Address: 1102 9TH SQUARE
City-St-Zip: VERO BEACH, FL 32960 US

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: VILDA M COLLISON DST 01/22/2009
Electronic Signature of Signing Officer or Director Date