

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000953

FILED  
Feb 08, 2009  
Secretary of State

**Entity Name:** ABOVE ALL MINISTRY, INC.

**Current Principal Place of Business:**

1559 DOLGNER PLACE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

1559 DOLGNER PLACE  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 20-2245948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOFZIGER, ARLYNN  
1559 DOLGNER PLACE  
SANFORD, FL 32771 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: PT ( ) Delete  
Name: NOFZIGER, ARLYNN  
Address: 1559 DOLGNER PLACE  
City-St-Zip: SANFORD, FL 32771 US

Title: VS ( ) Delete  
Name: SOLOMON, PAUL  
Address: 1419 ASHDOWN COURT  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PAUL SOLOMON

VS

02/08/2009

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

\_\_\_\_\_  
Date