2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N05000001342

Entity Name: RON CORAM MINISTRIES, INC.

Current Principal Place of Business:

5434 TWIN CREEKS DRIVE
VALRICO, FL 335948286

New Principal Place of Business:

5434 TWIN CREEKS DRIVE
VALRICO, FL 33596

Current Mailing Address:

5434 TWIN CREEKS DRIVE
VALRICO, FL 335948286

New Mailing Address:

5434 TWIN CREEKS DRIVE
VALRICO, FL 33596

FEI Number: 59-3799364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, ROBERT C ESQ
13191 STARKEY RD STE 6
LARGO, FL 33773 US

Name and Address of New Registered Agent:

ROGERS, ROBERT C ESQ
13143 66TH STREET
LARGO, FL 33773 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: _____ 03/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CORAM, RONALD D. SR.
Address: 5434 TWIN CREEKS DRIVE
City-St-Zip: VALRICO, FL 335968286

Title: VP ( ) Delete
Name: ROGERSS, ROBERT C JR
Address: 2443 BROWN WOOD DR.
City-St-Zip: MULBERRY, FL 33860

Title: T ( ) Delete
Name: DOWLING, TOM
Address: 5830 LYLE ST
City-St-Zip: ORLANDO, FL 32807

Title: AT ( ) Delete
Name: ATKINSON, SCOTT
Address: 3610 VALLEY HAVEN
City-St-Zip: HUMBLE, TX 77339

Title: DS ( ) Delete
Name: ALBERT, DALE
Address: 3002 FOLKLORE TR
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ROGERSS, ROBERT C JR
Address: 2025 ABBEY TRACE DR
City-St-Zip: DOVER, FL 33527

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: RONALD CORAM PRES 03/29/2009
Electronic Signature of Signing Officer or Director — Date