# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2009**
**Secretary of State**

DOCUMENT# N05000001919

**Entity Name:** SPIGOT MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

224 OAK LANE
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2145
MANGO, FL 33550

**New Mailing Address:**

**FEI Number: 30-0308538** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LYNCH, GARY R
224 OAK LANE
TAMPA, FL 33610 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: | ED | ( ) Delete |
| Name: | LYNCH, GARY R | |
| Address: | 224 OAK LANE | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | D | ( ) Delete |
| Name: | CARTER, AYMAR B | |
| Address: | 224 OAK LANE | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | D | ( ) Delete |
| Name: | NELSON, GREGORY V | |
| Address: | 7609 PINE HILL DR. | |
| City-St-Zip: | TAMPA, FL 33617 | |
| Title: | D | ( ) Delete |
| Name: | GOODSON, STEPHEN | |
| Address: | 7130 LITHIA PINECREST RD. | |
| City-St-Zip: | LITHIA, FL 33547 | |
| Title: | D | ( ) Delete |
| Name: | GOODSON, JULIE | |
| Address: | 7130 LITHIA PINECREST RD. | |
| City-St-Zip: | LITHIA, FL 33547 | |

**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: | |
| 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: GARY R. LYNCH P 01/25/2009

Electronic Signature of Signing Officer or Director — Date