

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002180

FILED
Apr 01, 2009
Secretary of State

Entity Name: BEAUTY FROM ASHES MINISTRIES, INC.

Current Principal Place of Business:

2150 COLLIER AVENUE
SUITE M
FORT MYERS, FL 33901

New Principal Place of Business:

2150 COLLIER AVENUE
FORT MYERS, FL 33901

Current Mailing Address:

2150 COLLIER AVENUE
SUITE M
FORT MYERS, FL 33901

New Mailing Address:

5100 S. CLEVELAND AVENUE
SUITE 318-148
FORT MYERS, FL 33907

FEI Number: 73-1730305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEMATZ, JULIE T
9624 HEMINGWAY LANE #4002
FORT MYERS, FL 33913 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: SHEMATZ, STEVEN JOSEPH MR
Address: 9624 HEMINGWAY LANE #4002
City-St-Zip: FORT MYERS, FL 33913 US

Title: CEO () Delete
Name: SHEMATZ, JULIE T MRS
Address: 9624 HEMINGWAY LANE #4002
City-St-Zip: FORT MYERS, FL 33913 US

Title: VP () Delete
Name: ANASTASI, GASPAR BISHOP
Address: 2120 COLLIER AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: D (X) Delete
Name: ANASTASI, MICHELE PASTOR
Address: 2120 COLLIER AVENUE
City-St-Zip: FORT MYERSS, FL 33901 US

Title: D (X) Delete
Name: KELLER, BILL REV
Address: 6660 46TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D (X) Delete
Name: STEPHANIE, UNGAR MISS
Address: 7825 BLUEWATER DR
City-St-Zip: LAS VEGAS, NV 89128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KELLER, BILL REV
Address: 6660 46TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709 US

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: JULIE T. SHEMATZ

CEO

04/01/2009

Electronic Signature of Signing Officer or Director

Date