

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002918

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNITED WE STAND MINISTRIES, INC.

## Current Principal Place of Business:

5003 TENNESSEE CAPITAL BLVD  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

2020 APALACHEE PKWY  
TALLAHASSEE, FL 32301

## Current Mailing Address:

P.O. BOX 20907  
TALLAHASSEE, FL 32316

## New Mailing Address:

FEI Number: 04-3812391      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MICKENS, CHERYL  
4518 CHAPARRAL LANE  
TALLAHASSEE, FL 32303      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: D      ( ) Delete  
Name: JONES, KENNETH B  
Address: 5003 TENNESSEE CAPITAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: MAXWELL, NATHANIEL  
Address: 5003 TENNESSEE CAPITAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: JONES, LYNDERIA  
Address: 5003 TENNESSEE CAPITAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: THOMAS, QUINIKIYA L  
Address: PO BOX 706  
City-St-Zip: CRAWFORDVILLE, FL 32326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: JONES, KENNETH B  
Address: P.O. BOX 1197  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D      (X) Change ( ) Addition  
Name: MAXWELL, NATHANIEL  
Address: 1054 SPRING CREEK HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      (X) Change ( ) Addition  
Name: JONES, LYNDERIA  
Address: P.O. BOX 1197  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D      (X) Change ( ) Addition  
Name: THOMAS, QUINIKIYA L  
Address: 2616 CHANDALAR LANE APT D  
City-St-Zip: TALLAHASSEE, FL 32311

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: KENNETH B. JONES

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date