2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003955

FILED Feb 16, 2009 Secretary of State

Entity Name: FOOTSOLDIER MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:		New Principal Place of Business:		
125 DANN VALRICO,	IY DR. FL 33594			
Current Mailing Address:		New Mailing Address:		
125 DANN /ALRICO,	IY DR. FL 33594			
El Number	: 54-2171851	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:
HOBBY, J. 125 DANN /ALRICO,		US		
he above	named entity	submits this statement for the	nurnose of changing its regist.	
	e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,
n the State	e of Florida.	Submits this statement for the	purpose of changing its regist	ered oπice or registered agent, or both,
n the State	e of Florida. Č RE:	nic Signature of Registered Ac		ered oπice or registered agent, or both, Date
n the State	e of Florida. Č RE:	nic Signature of Registered Ac	gent	
n the State	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Ac CTORS:) Delete IS D. R	gent	Date
on the State DFFICER: itle: lame: ddress: itly-St-Zip: itle: lame: ddress:	e of Florida. RE: Electro S AND DIRECTOR DP (HOBBY, JAME 125 DANNY DI VALRICO, FL	nic Signature of Registered Acceptage CTORS:) Delete SS D. R 33594) Delete LEY A .OOP RD	gent ADDITIONS/CHAI Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
n the State SIGNATUI DFFICER: ittle: lame: .ddress:	E of Florida. RE: Electro S AND DIRECT DP (HOBBY, JAME 125 DANNY DIVALRICO, FL DVP (HOBBY, STAN 3660 FUTCH LE PLANT CITY, FE	nic Signature of Registered Age CTORS:) Delete S D. R 33594) Delete LEY A .00P RD FL 33566) Delete IDA F .00P RD	gent ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR () Change () Addition

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: AMY M RAYBURN D 02/16/2009