

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N05000004347

Entity Name: ERROL MUSTAFA MINISTRIES, INC.

**Current Principal Place of Business:**

1748 TALL TREE DR., EAST  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

1748 TALL TREE DR., EAST  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 65-1272517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MUSTAFA, ERROL  
1748 TALL TREE DR., EAST  
JACKSONVILLE, FL 32246      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: MUSTAFA, ERROL  
Address: 1748 TALL TREE DR., EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D      ( ) Delete  
Name: MUSTAFA, DEBBIE  
Address: 1748 TALL TREE DR., EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D      ( ) Delete  
Name: MERRITT, DIANE  
Address: 1748 TALL TREE DR. E.  
City-St-Zip: JACKSONVILLE, FL 32246

**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:

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: DIANE MERRITT

D

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date