2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N05000004648

Entity Name: VERSE BY VERSE MINISTRIES, INC.

Current Principal Place of Business:

1754 BELLEMEADE DRIVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5884
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 25-1916950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRELOFF, STEVEN A
1754 BELLEMEADE DR
CLEARWATER, FL 33755 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: PD ( ) Delete
Name: KRELOFF, STEVEN A
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete
Name: KRELOFF, BENJAMIN J
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: MCEWEN, ROBERT
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: JENSEN, JAMES K
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: JENKINS, JACK
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: ALEPPO, JOSEPH A
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

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: TD (X) Change ( ) Addition
Name: BAUMGARDNER, RICHARD
Address: 1754 BELLEMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755

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: BENJAMIN KRELOFF SD 04/03/2009

Electronic Signature of Signing Officer or Director — Date