## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004969

FILED Feb 04, 2009 Secretary of State

Entity Name: KENNETH ETTA MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 14091 SUMMER BREEZE DR. E. JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** P.O. BOX 3252 JACKSONVILLE, FL 32218 FEI Number: 56-2517653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ETTA, KENNETH 14091 SUMMER BREEZE DR. E JACKSONVILLE, FL 32218 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PMCD** ( ) Delete () Change () Addition ETTA, KENNETH Name: Name: Address: 14091 SUMMER BREEZE DR. E Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: CLEMENT, MIKE Name: Address: 3643 BAKER ST Address: City-St-Zip: SAN DIEGO, CA 92117 City-St-Zip: Title: () Delete Title: () Change () Addition BECKHAM, ANTHONY Name: Name: Address: 3333 HICKORY HAMMOCK RD Address: City-St-Zip: JACKSONVILLE, FL 32206 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: KENNETH ETTA PMCD 02/04/2009