

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006402

FILED
Apr 28, 2009
Secretary of State

Entity Name: C.W. MINISTRIES, INC.

Current Principal Place of Business:

7897 NW 191 STREET
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

7897 NW 191 STREET
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 20-3025863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOUIS-WILLIAMS, CHIMENE
7897 NW 191 STREET
HIALEAH, FL 33015 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: LOUIS-WILLIAMS, CHIMENE
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: LOUIS, JEAN MARIE
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: GENARD, MARGARET
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: BADETTE, TINA
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: NELSON, KERVEN
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: WILLIAMS, SIMON
Address: 7897 NW 191 STREET
City-St-Zip: HIALEAH, FL 33015

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: () 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: CHIMENE WILLIAMS LOUIS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date