

# 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