

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009042

FILED  
Aug 02, 2009  
Secretary of State

Entity Name: EMOR MINISTRIES, INCORPORATED

## Current Principal Place of Business:

5219 BON VIVANT DRIVE  
#216  
TAMPA, FL 33603

## New Principal Place of Business:

## Current Mailing Address:

5219 BON VIVANT DRIVE  
#216  
TAMPA, FL 33603

## New Mailing Address:

FEI Number: 83-0451601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MORGAN, CLAYTE  
5219 BON VIVANT DRIVE  
#216  
TAMPA, FL 33603 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: MORGAN, CLAYTE  
Address: 5219 BON VIVANT DRIVE  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: HOLLAND, DENISE MD  
Address: 1610 CHAPEL RIDGE CT  
City-St-Zip: HANOVER, MD 21076

Title: VPSD (X) Delete  
Name: CAMPBELL, KAREN  
Address: 5131 PALM PARK CT APT # 306  
City-St-Zip: TAMPA, FL 33610

Title: D (X) Delete  
Name: CHURCH, BARBARA  
Address: 5361 COLUMBUS WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MORGAN, CLAYTE P  
Address: 5219 BON VIVANT DRIVE  
City-St-Zip: TAMPA, FL 33603

Title: VPD (X) Change ( ) Addition  
Name: POWELL, ASHLEY N  
Address: 5131 PALM PARK CT APT # 206  
City-St-Zip: TAMPA, FL 33610

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: CLAYTE P. MORGAN

PD

08/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date