

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2011  
Secretary of State**

DOCUMENT# N05000011850

Entity Name: VERNON B. WOOLRIDGE MINISTRIES, INC.

**Current Principal Place of Business:**

1525 CRAWFORD DRIVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1525 CRAWFORD DRIVE  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 74-3155599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOLRIDGE, VERNON B JR  
1525 CRAWFORD DRIVE  
APOPKA, FL 32703 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: DP  
Name: WOOLRIDGE, VERNON B JR  
Address: 1525 CRAWFORD DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: DVP  
Name: WOOLRIDGE, MARY J  
Address: 1525 CRAWFORD DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: D  
Name: DAVIS, TARSHA  
Address: 411 KINGS EAGLE LANE  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: VERNON B WOOLRIDGE

DP

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date