

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012956

FILED
Mar 23, 2009
Secretary of State

Entity Name: BUILDING BLOCKS MINISTRIES INC.

Current Principal Place of Business:

200 E WASHINGTON STREET
MINNEOLA, FL 34755

New Principal Place of Business:

835 7TH ST., BLDG B SUITES 1 & 2
CLERMONT, FL 34711

Current Mailing Address:

1678 RIDGEMOOR DRIVE
MASCOTTE, FL 34753

New Mailing Address:

FEI Number: 83-0443669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHETRO, PAULA
1678 RIDGEMOOR DRIVE
MASCOTTE, FL 34753 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: WHETRO, PAULA DR
Address: 1678 RIDGEMOOR DRIVE
City-St-Zip: MASCOTTE, FL 34753

Title: VP () Delete
Name: WHETRO, KERRY DR.
Address: 1678 RIDGEMOOR DRIVE
City-St-Zip: MASCOTTE, FL 34753

Title: S () Delete
Name: ALDERMAN, STEVE
Address: 14317 PINE CONE TRL
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ANDERSON, RALPH
Address: P.O. BOX 2049
City-St-Zip: MINNEOLA, FL 34755

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: DR. PAULA WHETRO

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date