

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000388

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AMELIA ISLAND MINISTRIES, INC

**Current Principal Place of Business:**

96350 OYSTER BAY DRIVE  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16536  
AMELIA ISLAND, FL 32035

**New Mailing Address:**

FEI Number: 76-0813994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KNAGA, EUGENE B JR.  
96350 OYSTER BAY DRIVE  
FERNANDINA BEACH, FL 32034 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: PTD ( ) Delete  
Name: KNAGA, JR., EUGENE B PRES  
Address: 96350 OYSTER BAY DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD ( ) Delete  
Name: KNAGA, KATHLEEN M SEC  
Address: 96350 OYSTER BAY DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: MCCONNELL, MARK  
Address: 4735 NW 29TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: KILNER, KEVIN  
Address: 115 CRESTWOOD CT.  
City-St-Zip: KINGSLAND, GA 31548

Title: D ( ) Delete  
Name: MOORE, PAUL  
Address: 4526 FAIRGATE  
City-St-Zip: MIDLAND, TX 79707

**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:

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: EUGENE B. KNAGA JR.

PTD

04/29/2009

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

\_\_\_\_\_  
Date