

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000548

FILED
Apr 29, 2009
Secretary of State

Entity Name: WACASTER MINISTRIES, INC.

Current Principal Place of Business:

454 PARK ST.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

454 PARK ST.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-4531280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROW, LON W IV
211 NORTH COMMERCE AVENUE
SEBRING, FL FL 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: P () Delete
Name: WACASTER, DARREN K
Address: 454 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: WACASTER, CHARLEENE H
Address: 454 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: WACASTER, CHARLEENE H
Address: 454 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: WACASTER, CHARLEENE H
Address: 454 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: WACASTER, DARREN K
Address: 454 PARK ST.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: WACASTER, MIKE
Address: 36807 WINFIELD CT
City-St-Zip: GRAND ISLAND, FL 32735

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
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City-St-Zip:

Title: () Change () Addition
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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: DARREN K. WACASTER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date