

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001597

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ARCHEGOS MINISTRIES, INC.

**Current Principal Place of Business:**

14543 WISHING WIND WAY  
CLERMONT, FL 347116210 US

**New Principal Place of Business:**

**Current Mailing Address:**

14543 WISHING WIND WAY  
CLERMONT, FL 347116210 US

**New Mailing Address:**

FEI Number: 90-0349776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

O'DONNELL, MARK  
14543 WISHING WIND WAY  
CLERMONT, FL 347116210 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: D      ( ) Delete  
Name: SCHULEIT, NICHOLAS  
Address: 14543 WISHING WIND WAY  
City-St-Zip: CLERMONT, FL 347116210 US

Title: D      ( ) Delete  
Name: SCHULEIT, SCOTT  
Address: 4875 NE 18TH AVE.  
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: D      (X) Delete  
Name: FLETCHER, JOHN  
Address: 13653 DORNOCH DRIVE  
City-St-Zip: ORLANDO, FL 32828 US

Title: D      ( ) Delete  
Name: SCHULEIT, MELISSA  
Address: 14543 WISHING WIND WAY  
City-St-Zip: CLERMONT, FL 347116210 US

Title: D      ( ) Delete  
Name: O'DONNELL, MARK  
Address: 14543 WISHING WIND WAY  
City-St-Zip: CLERMONT, FL 347116210 US

**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: MARK O'DONNELL

D

04/14/2009

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

\_\_\_\_\_  
Date