

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N06000001901

Entity Name: RECAPTURED PASSION MINISTRIES, INC.

Current Principal Place of Business:

1502 MARSH WOOD DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

201 BOSTWICK CIRCLE
VIDALIA, GA 30474

New Mailing Address:

FEI Number: 20-4462942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMICK, JEFFREY H
1502 MARSH WOOD DRIVE
SEFFNER, FL 33584 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: MCCORMICK, JEFFERY H
Address: 201 BOSTWICK CIRCLE
City-St-Zip: VIDALIA, GA 30474

Title: S () Delete
Name: TABOADA, ESTEBAN
Address: 642 BOOKER AVE
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: BOYTE, WILLIAM
Address: 3463 HURLBUT CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: GERRARD, PAUL
Address: P.O. BOX 648
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: ARTHUR, SAM
Address: 4449 LAKE BUFFUM RD
City-St-Zip: LAKE WALES, FL 33859

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: JEFFERY H. MCCORMICK

P

09/02/2009

Electronic Signature of Signing Officer or Director

_____ Date