

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N06000002297

Entity Name: WITNESS MINISTRIES, INC.

Current Principal Place of Business:

515 LIVE OAK LANE
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

515 LIVE OAK LANE
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 20-4412421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POATES, HENRY W JR.
515 LIVE OAK LANE
WILDWOOD, FL 34785 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: POATES., HENRY W JR.
Address: 515 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785 US

Title: VP () Delete
Name: MAREAN, WILLIAM E
Address: 606 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785 US

Title: S/T () Delete
Name: POATES, JOANNE E
Address: 515 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785 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:

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: HENRY W POATES JR

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date