2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N06000004167

Entity Name: WARRINGTON MINISTRIES INC.

Current Principal Place of Business:

901 WAYNE AVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

901 WAYNE AVE.
PENSACOLA, FL 32507

New Mailing Address:

901 WAYNE AVE
PENSACOLA, FL 32507

FEI Number: 56-2576574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEEHAN, LARRY
8630 MESSICK ST.
APT A
PENSACOLA, FL 32534 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:	MCKEEHAN, LARRY H	
Address:	8630 MESSICK ST.	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	S	( ) Delete
Name:	JERNIGAN, BEVERLY	
Address:	6501 MEMPHIS AVE.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	T	( ) Delete
Name:	JERNIGAN, BEVERLY	
Address:	6501 MEMPHIS AVE.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DIR	( ) Delete
Name:	SOUTH, BUD	
Address:	8050 BELLE PINES LANE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DIR	( ) Delete
Name:	CONFUSIONE, PETE	
Address:	4024 INDIGO DR.	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	DIR	( ) Delete
Name:	DIAZ, ELIUT	
Address:	4612 ISLES DR.	
City-St-Zip:	PENSACOLA, FL 32507	

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:	
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: LARRY MCKEEHAN P 03/27/2009

Electronic Signature of Signing Officer or Director — Date