

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004495

FILED
Feb 15, 2009
Secretary of State

Entity Name: ADONAI'S MINISTRY, INC.

Current Principal Place of Business:

3702 E. PARIS
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11088
TAMPA, FL 33680 US

New Mailing Address:

FEI Number: 57-1231277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
LOVETT FINANCIAL SERVICES, INC.
400 E MLK BLVD - STE 108
TAMPA, FL 33603 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: PD () Delete
Name: DANIELS, LESTER H SR
Address: 3702 E PARIS AVE
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: DANIELS, THELMA W
Address: 3702 E PARIS AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: VALDEZ, BRENDA J
Address: 11301 N. 53RD STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S () Delete
Name: BLUE, MARVA L
Address: 505 E SPARKMAN
City-St-Zip: TAMPA, FL 33602

Title: AS () Delete
Name: DANIELS, RUBY D
Address: 10230 DOUGLAS OAKS CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: FS () Delete
Name: JUDGE, ANGES
Address: 3701 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

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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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: THELMA W. DANIELS

TWD

02/15/2009

Electronic Signature of Signing Officer or Director

Date