

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005220

FILED
Mar 22, 2009
Secretary of State

Entity Name: EVANGELICAL FAITH MINISTRIES INC.

Current Principal Place of Business:

476 HALEY CT
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1270 N WICKHAM RD
SUITE 16-505
MELBOURNE, FL 32935

New Mailing Address:

7777 N WICKHAM RD
SUITE 12-612
MELBOURNE, FL 32940

FEI Number: 11-3776704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, LARRY W
476 HALEY CT
MELBOURNE, FL 32940 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: DAVIS, LARRY W
Address: 476 HALEY CT
City-St-Zip: MELBOURNE, FL 32940 US

Title: S () Delete
Name: DAVIS, BEVERLY F
Address: 476 HALEY CT
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: WESOLOWSKI, GERALD
Address: 4710 MAPLE DR
City-St-Zip: GREEN BAY, WI 54313 US

Title: D () Delete
Name: WESOLOWSKI, RITA
Address: 4710 MAPLE DR
City-St-Zip: GREEN BAY, WI 54313 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:

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 W DAVIS

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date