

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006128

FILED
Apr 16, 2009
Secretary of State

Entity Name: N.O.W. MINISTRY CORP.

Current Principal Place of Business:

143 RANDON TERRACE
LAKE MARY, FL 32746

New Principal Place of Business:

143 RANDON TERRACE
LAKE MARY, FL 32746 US

Current Mailing Address:

143 RANDON TERRACE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 13-4338385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DENNIS N
143 RANDON TERRACE
LAKE MARY, FL 32746 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: HAZELL, LAMONT
Address: 1009 FAIRWAY DRIVE
City-St-Zip: CHESAPEAKE, VA 23320

Title: VP. () Delete
Name: HILL-MITCHELL, GLORIA
Address: 143 RANDON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: DST () Delete
Name: PLUMMER, JOI
Address: 172-24 133RD AVE., BLDG. 16, #3C
City-St-Zip: JAMAICA, NY 11434

Title: D. () Delete
Name: PLUMMER, ALAN 3RD.
Address: 172-24 133RD. AVE. BLDG., 16 ,# 3C
City-St-Zip: JAMAICA, NY 11434

Title: D. () Delete
Name: DOLVIN, MICHAEL G JR.
Address: 1832 ALAMBRA CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D. () Delete
Name: DOLVIN, ANTOINETTE
Address: 1832 ALAMBRA CIRCLE
City-St-Zip: APOPKA, FL 32703

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: ANTOINETTE DOLVIN

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date