

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007433

FILED
Apr 17, 2009
Secretary of State

Entity Name: SPIRIT & SWORD MINISTRIES INC.

Current Principal Place of Business:

4093 MISSION BELL DRIVE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

4093 MISSION BELL DRIVE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 31-1506470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, THOMAS E
4093 MISSION BELL DRIVE
BOYNTON BEACH, FL 33436 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: SHAW, THOMAS E
Address: 4093 MISSION BELL DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: RICE, JAMES D
Address: 42773 SR 36
City-St-Zip: WARSAW, OH 43844

Title: TREA () Delete
Name: HILL, MARTHA M
Address: 41264 T. R. 58
City-St-Zip: COSHOCTON, OH 43844

Title: SEC () Delete
Name: SHAW, MARILYN S
Address: 4093 MISSION BELL DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TRUS () Delete
Name: DAVIS, RONALD F
Address: 210 CHERRY ST.
City-St-Zip: WARSAW, OH 43844

Title: TRUS () Delete
Name: KIRCH, SHARON
Address: 24890 T. R. 444
City-St-Zip: WARSAW, OH 43844

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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: THOMAS E. SHAW

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date