

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011457

FILED
Apr 16, 2009
Secretary of State

Entity Name: DISCIPLESHIP DRIVEN MINISTRIES, INC.

Current Principal Place of Business:

3480 DEPEW CIRCLE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

17940 TOLEDO BLADE BLVD
UNIT C
PORT CHARLOTTE, FL 33948

Current Mailing Address:

3480 DEPEW CIRCLE
PORT CHARLOTTE, FL 33952

New Mailing Address:

17940 TOLEDO BLADE BLVD
UNIT C
PORT CHARLOTTE, FL 33948

FEI Number: 20-5840548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTTLAND, ALEXANDER C.
21507 MIDWAY BLVD
PORT CHARLOTTE, FL 33952 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: DP () Delete
Name: SCOTTLAND, ALEXANDER C.
Address: 21507 MIDWAY BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DS () Delete
Name: HEGGIN, ARLENE
Address: 151 TILLMAN ST.
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: DT () Delete
Name: JOHNSON, CALVIN
Address: 1826 SW EFFLAND AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: RAY, GARDNER
Address: 21159 COTTON AVE
City-St-Zip: PT. CHARLOTTE, FL 33952

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: ALEXANDER SCOTLAND

REV.

04/16/2009

Electronic Signature of Signing Officer or Director

Date