

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011945

FILED
Apr 16, 2009
Secretary of State

Entity Name: CURT GOAD MINISTRIES, INC.

Current Principal Place of Business:

2204 LAUDERDALE COURT
ORLANDO, FL 32805

New Principal Place of Business:

11620 SIR WINSTON WAY
ORLANDO, FL 32824

Current Mailing Address:

P.O. BOX 771390
ORLANDO, FL 328771390

New Mailing Address:

FEI Number: 20-5891255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, LAURA A
11620 SIR WINSTON WAY
ORLANDO, FL 32824 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: GOAD, CURTIS R
Address: 2204 LAUDERDALE COURT
City-St-Zip: ORLANDO, FL 32805

Title: DST () Delete
Name: PETERSEN, LAURA A
Address: 11620 SIR WINSTON WAY
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: BETTERMAN, GERARD
Address: 2337 BELLINGHAM LANE
City-St-Zip: AURORA, IL 60503

Title: D () Delete
Name: SIMS, SCOTT
Address: 9114 BAY SIDE COURT
City-St-Zip: ORLANDO, FL 32819

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: LAURA A PETERSEN

DST

04/16/2009

Electronic Signature of Signing Officer or Director

Date