2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012417

MUDANO, THOMAS

DUNEDIN, FL 34698

C/O 963 HIGHLAND AVENUE

Name:

Address:

City-St-Zip:

Entity Name: FOOTPRINTS MINISTRY, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2140 LONG BOW LANE CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 2140 LONG BOW LANE CLEARWATER, FL 33764 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AVERILL, FRANCIS J Name: Name: 2140 LONG BOW LANE Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition Name: AVERILL, ROSE Name: Address: 2140 LONG BOW LANE Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition PAPUGA, LINDA Name: Name: 500 MERAVAN DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HARRINGTON, ALYSON Name: 11716 DERBYSHIRE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCIS J. AVERILL D 01/20/2009