

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000092

FILED
May 04, 2009
Secretary of State

Entity Name: CHURCH ONE MINISTRIES, INC.

Current Principal Place of Business:

804 ORIENTA AVE #G
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

804 ORIENTA AVE #G
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 61-1517992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLIAM, GLORIA
938 CORK OAK LN.
MINNEOLA, FL 34715 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: D () Delete
Name: HAYNES, SANDRA
Address: PO BOX 390851
City-St-Zip: DELTONA, FL 32739

Title: D () Delete
Name: RILEY, SHARON
Address: 1896 GAMMON LN
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: SMITH, ALONZO
Address: 3021 MARSHFIELD PRESERVE WY.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: PATTERSON, LORETTA
Address: PO BOX 150974
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: FAVORS, TREVENA
Address: 3230 MARSHFIELD PRESERVE WY.
City-St-Zip: KISSIMMEE, FL 34746

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:

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: LORETTA PATTERSON

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date