

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001528

FILED
Mar 06, 2009
Secretary of State

Entity Name: ANNETTE L. HENRY MINISTRIES INC.

Current Principal Place of Business:

2899 HAGDOM AVE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

2899 HAGDOM AVE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 39-2060326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENRY, ANNETTE L
2899 HAGDOM AVE
PALM BAY, FL 32909 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: PD () Delete
Name: HENRY, ANNETTE L
Address: 2899 HAGDOM AVE
City-St-Zip: PALM BAY, FL 32909

Title: STD () Delete
Name: HENRIQUES, OLIVE
Address: 1381 WASHBURN AVE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: GRAVES, VERONICA
Address: 357 DORSET DR
City-St-Zip: WEST MELBOURNE, FL 32904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: GRAVES, VERONICA
Address: 357 DORSET DR
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T () Change (X) Addition
Name: STEWART, WILLIE
Address: 834 ROSTOCK CIR NW
City-St-Zip: PALM BAY, FL 32907

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: ANNETTE HENRY

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date