

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001528

**FILED**  
**Apr 30, 2011**  
**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:**

P.O. BOX 61057  
PALM BAY, FL 32906

**FEI Number:** 39-2060326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: HENRY, ANNETTE L  
Address: 2899 HAGDOM AVE  
City-St-Zip: PALM BAY, FL 32909

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

Title: S  
Name: GRAVES, VERONICA  
Address: 357 DORSET DR  
City-St-Zip: WEST MELBOURNE, FL 32904

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

I hereby 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 all other like empowered.

**SIGNATURE:** ANNETTE HENRY

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date