2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N07000003794

Entity Name: ALLEGHENY MOUNTAIN MINISTRIES INC.

Current Principal Place of Business:

3210 CHANNING DR
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

3210 CHANNING DR
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 87-0798308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRY, CLARK
3210 CHANNING DR
HOLIDAY, FL 34690 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:	P	( ) Delete
Name:	PARRY, CLARK	
Address:	3210 CHANNING DR	
City-St-Zip:	HOLIDAY, FL 34690	
Title:	S	( ) Delete
Name:	LARSON, GARY	
Address:	223 N 5TH STREET	
City-St-Zip:	CLEAN, NY 14760	
Title:	T	( ) Delete
Name:	DURKEE, LUCINDA	
Address:	3210 CHANNING DR	
City-St-Zip:	HOLIDAY, FL 34690	
Title:	D	( ) Delete
Name:	WOLF, STEPHEN	
Address:	3109 BIXLER DRIVE	
City-St-Zip:	HOLIDAY, FL 34690	
Title:	D	( ) Delete
Name:	HALL, SALLY	
Address:	PO BOX 403 CHURCH STREET	
City-St-Zip:	NUNDA, NY 14517	
Title:	D	( ) Delete
Name:	GREEN, VALENA	
Address:	2689 COUNTY RD 8	
City-St-Zip:	FRIENDSHIP, NY 14739	

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:	
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: CLARK O. PARRY DIR. 01/19/2009
Electronic Signature of Signing Officer or Director — Date