2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000004405

Entity Name: SMETHURST MINISTRIES, INC.

Current Principal Place of Business:

7625 PROGRESS CIRCLE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

7625 PROGRESS CIRCLE
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 26-0236539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWARRE, NED
7625 PROGRESS CIRCLE
MELBOURNE, FL 32904 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: LOYD, GENE A
Address: 3698 MUIRFIELD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: LAWARRE, NED
Address: 585 SHADOW WOOD LANE UNIT 1
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: LAWARRE, KIMBERLY L
Address: 585 SHADOW WOOD LANE UNIT1
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: SMETHURST, DAVID
Address: 585 SHADOW WOOD LANE UNIT 1
City-St-Zip: TITUSVILLE, FL 32780

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:

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: NED LAWARRE DIR 04/30/2009

Electronic Signature of Signing Officer or Director — Date