2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004561

Entity Name: APPEAL MINISTRIES, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3456 TURKEY OAKS DRIVE WEST JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

3456 TURKEY OAKS DRIVE WEST JACKSONVILLE, FL 32277

FEI Number: 52-2377098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, FIDEL DONALDSON, FIDEL PRES
3456 TURKEY OAKS DRIVE WEST
JACKSONVILLE, FL 32277 US

DONALDSON, FIDEL PRES
3456 TURKEY OAKS DRIVE WEST
JACKSONVILLE, FL 32277 US

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: FIDEL DONALDSON 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition DONALDSON, FIDEL Name: Name: 3456 TURKEY OAKS DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: Title: () Delete () Change () Addition DONALDSON, PAULETTE Name: Name: Address: 3456 TURKEY OAKS DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: ADV () Delete Title: () Change () Addition VARGAS, JOSE R Name: Name: 6536 SHADY OAK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MONTANTINE, MARTIN 3456 TURKEY OAKS DRIVE WEST Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: ADV () Change (X) Addition MAXWELL, JANET E Name: Name: 7 GLADYS LANE Address: Address: City-St-Zip: City-St-Zip: FREEPORT, LI 11520 Title: () Delete Title: () Change (X) Addition BANKS, LAWANDA Name: Name: Address: Address: 1324 PINE BLOOM CT JACKSONVILLE, FL 32259 City-St-Zip: 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: FIDEL DONALDSON PRES 04/25/2009