2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N07000004799

Entity Name: DON KISTLER MINISTRIES, INC.

Current Principal Place of Business:

14222 PORTRUSH DRIVE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781135
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 26-0233372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREVENGOED, GLENN B
2801 OCEAN DRIVE
SUITE 201
VERO BEACH, FL 32963 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/D ( ) Delete
Name: KISTLER, DON
Address: 14222 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: S/D ( ) Delete
Name: KISTLER, BEVERLY
Address: 14222 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

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

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: D/T ( ) Change (X) Addition
Name: DEANDRADE, CHARLES
Address: 6780 51ST AVE
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Change (X) Addition
Name: CUMMINGS, DANIEL
Address: 3411 E. WALTON BLVD
City-St-Zip: AUBURN HILLS, MI 48326

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: CHARLES DEANDRADE D/T 01/20/2009

Electronic Signature of Signing Officer or Director — Date