2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N07000005225

Entity Name: RAISING UP NATIONS WORLD MINISTRIES, INC.

Current Principal Place of Business:

889 DERBSHIRE ROAD
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

889 DERBSHIRE ROAD
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-5736595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBS, KIM
889 DERBSHIRE ROAD
DAYTONA BEACH, FL 32117 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: DP ( ) Delete
Name: JACOBS, KIM
Address: 889 DERBSHIRE ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete
Name: WIGGINS, CURTIS
Address: 816 GROVE AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete
Name: WIGGINS, JACQUELYN
Address: 816 GROVE AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete
Name: STENSON, LULA
Address: 1401 S PALMETTO AVE UNIT 304
City-St-Zip: DAYTONA BEACH, FL 32114

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: D (X) Change ( ) Addition
Name: STENSON, LULA
Address: 887 DERBYSHIRE ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

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: KIM R. JACOBS DP 03/07/2009

Electronic Signature of Signing Officer or Director — Date