2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N07000006362

Entity Name: GIVE ME SHELTER MINISTRIES, INC

Current Principal Place of Business:

151 COUNTRY CLUB RD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

151 COUNTRY CLUB RD
SHALIMAR, FL 32579

New Mailing Address:

P O BOX 864
SHALIMAR, FL 32579

FEI Number: 26-0421827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, KENNETH
151 COUNTRY CLUB RD
SHALIMAR, FL 32579 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: PHILLIPS, KENNETH
Address: 151 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete
Name: ADAMS, DR. HERSHEL
Address: 304 BRANCH HILL PARK
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete
Name: ELLIS, SHAUN
Address: 127 BEACH DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DT ( ) Delete
Name: GANN, BILLY L
Address: 316 RUE DIANNE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DS ( ) Delete
Name: STANFORD, KELLY T
Address: 1 RUE DE LE ROI ST
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: ( ) 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 ( ) Change (X) Addition
Name: LANCASTER, KIRK B
Address: 709 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

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: BILLY L GANN DT 03/11/2009

Electronic Signature of Signing Officer or Director — Date