

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008712

FILED  
May 21, 2009  
Secretary of State

Entity Name: SPLENDOR MINISTRIES, INC.

## Current Principal Place of Business:

2850 OLSEN ROAD  
HAINES CITY, FL 33844 US

## New Principal Place of Business:

## Current Mailing Address:

2850 OLSEN ROAD  
HAINES CITY, FL 33844 US

## New Mailing Address:

FEI Number: 26-0850778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

LEWIS, KENNETH C  
2850 OLSEN ROAD  
HAINES CITY, FL 33844 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LEWIS, MARLENE  
Address: 2850 OLSEN ROAD  
City-St-Zip: HAINES CITY, FL 33894 US

Title: VP ( ) Delete  
Name: DONNELLY, JANET RAE  
Address: 1005 GRAPE AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S T ( ) Delete  
Name: LEWIS, SUZANNE RAE  
Address: 121 WEST THOMAS AVENUE  
City-St-Zip: TAMPA, FL 33604 US

## 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:

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: KENNETH C. LEWIS

DIR.

05/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date