2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010156

Entity Name: ONENESS INTERNATIONAL MINISTRIES, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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5913 - 7 NORMANDY BLVD 507 CASSAT AVE

JACKSONVILLE, FL JACKSONVILLE, FL 32254 US

Current Mailing Address: New Mailing Address:

PO BOX 40663

JACKSONVILLE, FL 322030663

FEI Number: 14-2005145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRANKLIN, BERNARD R
5913 - 7 NORMANDY BLVD
FRANKLIN, BERNARD R
507 CASSAT AVE

JACKSONVILLE, FL US JACKSONVILLE, FL 32254 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: BERNARD R. FRANKLIN 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change (X) Addition

Title: P () Delete Title: PD (X) Change () Addition Name: FRANKLIN, BERNARD R PASTOR Name: FRANKLIN, BERNARD R PASTOR

Address: PO BOX 2064 Address: PO BOX 2064

City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP () Delete Title: VP (X) Change () Addition Name: SAILOR, ELISHA L PROPHET Address: PO BOX 2064 Address: PO BOX 2064

City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: JACKSONVILLE, FL 32203 US

Title: T () Delete Title: TD (X) Change () Addition

 Name:
 DAVIS, KAYNN
 Name:
 HARRIS, SAMUEL L II

 Address:
 PO BOX 43264
 Address:
 PO BOX 40663

City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: JACKSONVILLE, FL 32203 US

Title: S () Delete Title: SD (X) Change () Addition

 Name:
 WILLIAMS, NORMA
 Name:
 WINN, KIMBERLY B

 Address:
 PO BOX 43458
 Address:
 PO BOX 40663

 City-St-Zip:
 JACKSONVILLE, FL 32203
 City-St-Zip:
 JACKSONVILLE, FL 32203 US

Title: () Delete Title: D () Change (X) Addition Name: FRANKLIN, THELMESIA A

Address: Address: P.O. BOX 40663

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32203 US

Oity-01-21p. UNOROONVILLE, 1 E 32200 00

 Name:
 Name:
 HILLS, LYNFAHIA

 Address:
 Address:
 P.O. BOX 40663

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32203 US

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.

Title:

SIGNATURE: BERNARD R. FRANKLIN PD 04/07/2009

Electronic Signature of Signing Officer or Director

() Delete

Date