

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010980

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** ALOMA CHURCH MINISTRIES, INC.

**Current Principal Place of Business:**

1815 STATE ROAD 436  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1815 STATE ROAD 436  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 26-1423931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE SUITE 200  
ORLANDO, FL 32804 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: D ( ) Delete  
Name: CRAWFORD, OWEN  
Address: 1815 STATE ROAD 436  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: COLE, JIM  
Address: 1815 STATE ROAD 436  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: LAFOY, BRYANT  
Address: 1815 STATE ROAD 436  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: STURGILL, HARLEY  
Address: 1815 STATE ROAD 436  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: PENNINGTON, WES  
Address: 1815 STATE ROAD 436  
City-St-Zip: ORLANDO, FL 32810

Title: S ( ) Delete  
Name: WILMA, BOZENHARDT  
Address: 1815 STATE ROAD 436  
City-St-Zip: WINTER PARK, FL 32792

**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: ( ) 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: OWEN CRAWFORD

DIR

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date