

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011902

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** THE REFINERS' WAY MINISTRIES INC.

**Current Principal Place of Business:**

815 LAKEVIEW DRIVE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

815 LAKEVIEW DRIVE  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

372 NORTH 9TH STREET  
DEFUNIAK SPRINGS, FL 32433

**FEI Number:** 26-1541225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LISA C  
776 CJ LAIRD ROAD  
PONCE DE LEON, FL 32455 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  
Name: SMITH, JAMES K  
Address: 776 CJ LAIRD RD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D  
Name: LIGHTNER, JOHNNY  
Address: PO BOX 1609  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D  
Name: NOWLING, CHRISTOPHER M  
Address: 1801 COY BURGESS LOOP  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D  
Name: JOYNER, ERIC J  
Address: 1619 WALTON ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T  
Name: SMITH, LISA C  
Address: 776 CJ LAIRD ROAD  
City-St-Zip: PEONCE DE LEON, FL 32455

Title: S  
Name: NOWLING, CANDY L  
Address: 1801 COY BURGESS LOOP  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

SIGNATURE: LISA C SMITH

TREA

03/30/2010

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

\_\_\_\_\_  
Date