

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001232

FILED
Apr 11, 2009
Secretary of State

Entity Name: BLESSED ASSURANCE MINISTRIES, INC.

Current Principal Place of Business:

6034 E. CAMBRIDGE WAY
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 58
MILTON, FL 32572

New Mailing Address:

FEI Number: 04-3265643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALOOF, EDWARD
6034 E. CAMBRIDGE WAY
PACE, FL 32571 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: DPTC () Delete
Name: MALOOF, EDWARD J PASTOR
Address: 6034 E. CAMBRIDGE WAY
City-St-Zip: PACE, FL 32571

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ZINANNI, ROBERT PASTOR
Address: 43 FEDERAL HILL
City-St-Zip: HOLLIS, NH 03049

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: PASTOR EDWARD J. MALOOF

DPTC

04/11/2009

Electronic Signature of Signing Officer or Director

Date