2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N08000002218

Entity Name: KIRK WATSON MINISTRIES INC.

Current Principal Place of Business:

3802 SW RIDLEY ST.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 881646
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 22-3977175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: P ( ) Delete
Name: WATSON, KIRK
Address: 3802 SW RIDLEY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V ( ) Delete
Name: RIVERA, DAVID
Address: 3802 SW RIDLEY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ST ( ) Delete
Name: RIVERA, SAMADY
Address: 3802 SW RIDLEY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WATSON, KIRK
Address: 3802 SW RIDLEY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: RIVERA, DAVID
Address: 3802 SW RIDLEY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: DAVID RIVERA VP 05/06/2009

Electronic Signature of Signing Officer or Director — Date