

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003233

FILED
Apr 30, 2009
Secretary of State

Entity Name: TED BROER MINISTRIES, INC.

Current Principal Place of Business:

100 ARIANA BOULEVARD
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P O BOX 125
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3123323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROER, TED
100 ARIANA BOULEVARD
AUBURNDALE, FL 33823 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: PD () Delete
Name: BROER, TED
Address: 370 RENSILAER AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: BROER, SHARON
Address: 370 RESILAER AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: SHIRLEY, TIPPIN
Address: 5414 ZINNIA
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: CRANK, DAVID
Address: 1416 LARKIN WILLIAMS ROAD
City-St-Zip: FENTON, MO 63026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROER, TED
Address: 370 RENESSALAER AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change () Addition
Name: BROER, SHARON
Address: 370 RESESSALAER AVENUE
City-St-Zip: AUBURNDALE, FL 33823

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: TED BROER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date