2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000003248

Entity Name: MY DAUGHTERS MINISTRIES, INC

Current Principal Place of Business:

4414 2ND AVENUE S
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4414 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33711

New Mailing Address:

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

JACKSON, TWILA L
4414 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33711 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: JACKSON, TWILA L
Address: 4414 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VP ( ) Delete
Name: BROWN, MELISSA
Address: 3730 EAST ASHFORD VILLA LANE
City-St-Zip: HOUSTON, TX 77082

Title: SEC ( ) Delete
Name: RIVERS, LAVONDA
Address: 1125 JORDAN PARK STREET
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: TREA ( ) Delete
Name: HORTON, L'TIA
Address: 4035 STILLWATER DRIVE
City-St-Zip: DULUTH, GA 30096

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:

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: TWILA JACKSON P 05/01/2009

Electronic Signature of Signing Officer or Director — Date