

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005212

FILED
Apr 30, 2009
Secretary of State

Entity Name: SHARON Y RILEY MINISTRIES, INC.

Current Principal Place of Business:

320 IVEY LANE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 618421
ORLANDO, FL 32861

New Mailing Address:

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

Name and Address of Current Registered Agent:

FINNEY, TARI
4411B WILLOW POND ROAD
WEST PALM BEACH, FL 33417 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: RILEY, SHARON Y
Address: 320 IVEY LANE
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: HARVEY, B. LYNNE D
Address: 701 EAST 6TH STREET
City-St-Zip: SANFORD, FL 32771

Title: TRES () Delete
Name: LAWRENCE, SONYA
Address: 607 SPICE TRADER WAY APT H
City-St-Zip: ORLANDO, FL 32818

Title: SEC () Delete
Name: FINNEY, TARI N
Address: 4411B WILLOW POND ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP (X) Delete
Name: GREEN, CHERYL
Address: 4070 SHANNON BROWN DRIVE
City-St-Zip: ORLANDO, FL 32808

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:

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: TARI FINNEY

_____ Electronic Signature of Signing Officer or Director

SEC

04/30/2009

_____ Date