

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007127

FILED
Apr 25, 2009
Secretary of State

Entity Name: EWITNESS MINISTRIES, INC.

Current Principal Place of Business:

1894 DEL ROBLES DR.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1894 DEL ROBLES DR.
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 26-3238628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, CHARLES H.
1894 DEL ROBLES DR.
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

HALL, CHARLES H.
1894 DEL ROBLES DR.
CLEARWATER, FL 33764 US

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: CHARLES H. HALL

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEABODY, CINDY
Address: 1111 N. BAYSHORE BLVD., B9
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: MANTOOTH, ELIZA
Address: 7148 DARIEN WAY
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: NEISER, JOHN
Address: 3469 ROLLING TRAIL
City-St-Zip: PALM HARBOR, FL 34689

Title: D () Delete
Name: MCFADDEN, JOSH
Address: 601 ROSERY ROAD, APT. 2452
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: KINSEY, VERNON
Address: 12283 97 AVE. NORTH
City-St-Zip: SEMINOLE, FL 33772

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

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:

Title: MGR () Change (X) Addition
Name: CHARLES, HALL H
Address: 1894 DEL ROBLES DRIVE
City-St-Zip: CLEARWATER, FL 33764

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: CHARLES H. HALL

MGR

04/25/2009

Electronic Signature of Signing Officer or Director

Date