

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007282

FILED
Apr 30, 2009
Secretary of State

Entity Name: AFTERSHOCK MINISTRIES, INC.

Current Principal Place of Business:

3552 CYPRESS ST
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3552 CYPRESS ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 80-0240874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, GARY W JR.
3552 CYPRESS ST
JACKSONVILLE, FL 32205 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: HARVEY, GARY W JR
Address: 3552 CYPRESS ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: TAYLOR, JOHNATHAN
Address: 3333 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: CRUZ, CHENOA
Address: 3552 CYPRESS ST
City-St-Zip: JACKSONVILLE, FL 32205

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:

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: GARY W. HARVEY JR.

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date