

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007886

Entity Name: RUACH MINISTRIES, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

8514 30TH STREET E
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

8514 30TH STREET E
PARRISH, FL 34219

New Mailing Address:

FEI Number: 38-3790012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAUNDERS, ALBERT H
8514 30TH STREET E
PARRISH, FL 34219 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SAUNDERS, ALBERT H
Address: 8514 30TH STREET E.
City-St-Zip: PARRISH, FL 34219

Title: SECY () Change (X) Addition
Name: SAUNDERS, DONNA L
Address: 8514 30TH STREET E.
City-St-Zip: PARRISH, FL 34219

Title: TREA () Change (X) Addition
Name: HUGGINS, J. D
Address: 8 GREENVIEW DRIVE
City-St-Zip: BENNINGTON, VT 05201

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: A.H. SAUNDERS

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date