2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N08000008424

Entity Name: STOVALL WEEMS MINISTRIES, INC.

Current Principal Place of Business:

10302 DEERWOOD PARK BLVD. #104
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 551341
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 26-3380308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, LISA
7154 STONELION CIRCLE
JACKSONVILLE, FL 32256 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: TRUS ( ) Delete
Name: WEEMS, STOVALL
Address: 11729 EXMOOR COURT
City-St-Zip: JACKSONVILLE, FL 33256

Title: TRUS ( ) Delete
Name: WEEMS, KERI
Address: 11729 EXMOOR COURT
City-St-Zip: JACKSONVILLE, FL 33256

Title: TRUS ( ) Delete
Name: BRANKER, DAVID
Address: 12082 BRANDON LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: TRUS ( ) Delete
Name: STEWART, LISA
Address: 7154 STONELION CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

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: LISA R. STEWART TRUS 04/16/2009

Electronic Signature of Signing Officer or Director — Date