2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N08000009732

Entity Name: WAYNE BAILEY MINISTRIES, INC.

Current Principal Place of Business:

5847 NW 49TH LANE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5847 NW 49TH LANE
COCONUT CREEK, FL 33073

New Mailing Address:

P.O. BOX 970024
COCONUT CREEK, FL 330970024

FEI Number: 26-3575716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, WAYNE C
5847 NW 49TH LANE
COCONUT CREEK, FL 33073 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: BAILEY, WAYNE C
Address: 5847 NW 49TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPTD ( ) Delete
Name: BAILEY, RENEE
Address: 5847 NW 49TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete
Name: OWENS, PASTOR JANIE
Address: 22 SOUTHERN CROSS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DIR. ( ) Delete
Name: OWENS, DEACON ALVIN
Address: 22 SOUTHERN CROSS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DIR. ( ) Delete
Name: PUGHSLEY, KURT
Address: 718 SW 3RD. STREET
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAILEY, WAYNE C
Address: P.O. BOX 970024
City-St-Zip: COCONUT CREEK, FL 330970024

Title: VPTD (X) Change ( ) Addition
Name: BAILEY, RENEE
Address: P.O. BOX 970024
City-St-Zip: COCONUT CREEK, FL 330970024

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: WAYNE BAILEY P 02/10/2009
Electronic Signature of Signing Officer or Director — Date