

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010051

FILED
Apr 28, 2009
Secretary of State

Entity Name: CONNIE E COOK MINISTRIES, INC.

Current Principal Place of Business:

6608 SINISI DRIVE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

6608 SINISI DRIVE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 26-3649299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, CONNIE E
6608 SINISI DRIVE
MOUNT DORA, FL 32757 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: COOK, CONNIE E
Address: 6608 SINISI DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: RING, RON
Address: 15300 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: HERNANDEZ, VICTOR
Address: 4450 TWIN VIEW LANE
City-St-Zip: ORLANDO, FL 32814

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: CONNIE E COOK

OFF

04/28/2009

Electronic Signature of Signing Officer or Director

Date