2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N08000010492

Entity Name: SWAN LEARNING MINISTRIES, INC.

Current Principal Place of Business:

109 GIARDINO DR
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

109 GIARDINO DR
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODMAN, MARSHA
109 GIARDINO DR
ISLAMORADA, FL 33036 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: RODMAN, MARSHA
Address: 109 GIRADINO DR
City-St-Zip: ISLAMORADA, FL 33036

Title: S ( ) Delete
Name: DELARA, RAYSA
Address: 81160 OLD RD
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: HILL, TYLER
Address: 205 SW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: HILL, REBECCA
Address: 205 SW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: BHIRDO, LOGAN
Address: 109 GIRARDINO DR
City-St-Zip: ISLAMORADA, FL 33036

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:

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: MARSHA RODMAN PRES 03/07/2009
Electronic Signature of Signing Officer or Director — Date