2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N08000010520

Entity Name: FILL MY CUP MINISTRIES, INC.

Current Principal Place of Business:

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 94-3454369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CASSUNDREA L
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257 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: THOMAS, ISAAC L SR
Address: 11051 BARBIZON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete
Name: THOMAS, CASSUNDREA L
Address: 11051 BARBIZON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: TAYLOR, SAUNDRETTE
Address: 3701 SKYVIEW ROAD
City-St-Zip: MARIANNA, FL 32246

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: BRYANT, JOSEPHINE
Address: 14543 CHERRY LAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Change (X) Addition
Name: DAVIS, DEBORA A
Address: 1340 GROTHE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Change (X) Addition
Name: CANADY, ADRIAN
Address: 520 HARVICK CIRCLE
City-St-Zip: STOCKBRIDGE, GA 30281

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: CASSUNDREA L. THOMAS V 04/24/2009
Electronic Signature of Signing Officer or Director — Date