2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N08000010837

Entity Name: DANIEL'S FAITH MINISTRY, INC.

Current Principal Place of Business:

13410 SHIRE LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13410 SHIRE LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 26-3851823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AROCHO, LISSETTE M
1107 ADELINE AVENUE
LEHIGH ACRES, FL 33971 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: D ( ) Delete
Name: AROCHO, LISSETTE M
Address: 1107 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: O ( ) Delete
Name: CUSTODIO, JAVIER
Address: 1107 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: O ( ) Delete
Name: GONZALEZ, AINALIZ
Address: 1755 BRICKROAD CT
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AROCHO, LISSETTE M
Address: 1107 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ADM (X) Change ( ) Addition
Name: CUSTODIO, JAVIER
Address: 1107 ADELINE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: O (X) Change ( ) Addition
Name: RIVERA, EVELYN
Address: 313 8TH AVE.
City-St-Zip: BETHLEHEM, PA 18018

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: LISSETTE M. AROCHO PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date