

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002248

FILED
Mar 29, 2011
Secretary of State

Entity Name: DESPERATE REALITY MINISTRIES, INC.

Current Principal Place of Business:

5663 PARK BLVD N., SUITE 5
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5663 PARK BLVD N., SUITE 5
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 26-4511197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONARDO, JOHN
5663 PARK BLVD N., SUITE 5
PINELLAS PARK, FL 33781 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
Name: LONARDO, JOHN
Address: 7070 KEY HAVEN ROAD, UNIT 303
City-St-Zip: SEMINOLE, FL 33777

Title: S
Name: ARGRAVES, TRACI
Address: 4540 76TH AVE N #9
City-St-Zip: PINELLAS PARK, FL 33781

Title: C
Name: WEDLOCK, JOHN
Address: 4550 COVE CIR N #1104
City-St-Zip: ST. PETERSBURG, FL 33708

Title: T
Name: HELIKER, ANGELA
Address: 9616 134 STREET
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: ALLEN, DOUG
Address: 5850 63 TERR N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D
Name: HELIKER, ROBERT
Address: 9616 134 STREET
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: ANGELA HELIKER

T

03/29/2011

Electronic Signature of Signing Officer or Director

Date