

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006481

FILED
Jan 12, 2010
Secretary of State

Entity Name: YNOT MINISTRIES, INC.

Current Principal Place of Business:

2535 GOMEZ WAY S.
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

2535 GOMEZ WAY S.
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 27-0631016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, PATRICIA M ESQUIRE
530 - 49TH ST. S.
ST. PETERSBURG, FL 33707 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: PRES
Name: HARPER, NICHOLAS L
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VP
Name: ANDERSON, LAURIE
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DIR
Name: HARPER, NICHOLAS L
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DIR
Name: ANDERSON, LAURIE
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DIR
Name: NUNEZ, JAKZEEL
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: DIR
Name: ANGEL, ROBERT
Address: 2535 GOMEZ WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

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: NICHOLAS L HARPER

PRES

01/12/2010

Electronic Signature of Signing Officer or Director

Date