

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16887

FILED
Apr 15, 2009
Secretary of State

Entity Name: WORTHY CREATIONS MINISTRY, INC.

Current Principal Place of Business:

5554 N. FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

5554 N. FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-2734562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIEGENTHALER, RON
5554 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 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: SIEGENTHALER, RON
Address: 5554 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: SNEERINGER, CHRISTINE
Address: 5554 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: STEEGE, DAVID
Address: 5554 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: GAGE, WARREN
Address: 5554 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

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:

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: CHRISTINE SNEERINGER

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date