2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N18230

Entity Name: ROYAL PALM MINISTRIES, INC.

Current Principal Place of Business:

THE FORUM
1705 COLONIAL BLVD. BUILDING D-2
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

THE FORUM 1705 COLONIAL BLVD.
BUILDING D-2
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2764864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEDEUGD, MARIANNE
17220 CASTLEVIEW DRIVE
N. FT. MYERS, FL 33917 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:	ST	( ) Delete
Name:	SHEARN, JOSEPH P	
Address:	1818 S.E. 20TH STREET	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	DPD	( ) Delete
Name:	DEDEUGD, MARRIANE	
Address:	17220 CASTLEVIEW DRIVE	
City-St-Zip:	N. FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	LEN ALVEREZ	
Address:	21 SNOW DRIVE	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	D	( ) Delete
Name:	MARIEH, CATHERINE	
Address:	14050 CARIBEAN BLVD	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	DR. JAMES COY	
Address:	210 SE 16TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33990	

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:	
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: JOSEPH SHEARN SECR 05/08/2009

Electronic Signature of Signing Officer or Director — Date