2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N18266

Entity Name: MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Current Principal Place of Business:

3130 SOUTH U.S. HIGHWAY 1
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3612
FORT PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 65-0017366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRITCHER, SHARON
3130 SOUTH U.S HIGHWAY 1
FT. PIERCE, FL 34982 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:	S	( ) Delete
Name:	BROOKS, JANE	
Address:	3207 S. LAKEVIEW CIRCLE	
City-St-Zip:	FT PIERCE, FL 34949	
Title:	ADMP	( ) Delete
Name:	BRITCHER, SHARON	
Address:	1301- A PEPPERTREE TRAIL	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	PD	( ) Delete
Name:	WILLBUR, DAVID	
Address:	3703 TANAGER PLACE	
City-St-Zip:	FT. PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	CRIPPEN, STAN	
Address:	16 CASTLE COURT	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	VP	( ) Delete
Name:	DOTY, DIANE	
Address:	5504 BIRCH DR.	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	T	( ) Delete
Name:	LACY, LINDA	
Address:	2951 BENT PINE DR.	
City-St-Zip:	FORT PIERCE, FL 34951	

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:	
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: SHARON BRITCHER ADMP 01/30/2009

Electronic Signature of Signing Officer or Director — Date