

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20421

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ARMOUR OF GOD MINISTRIES, INC.

**Current Principal Place of Business:**

8301 W COMMERCIAL BL.  
FORT LAUDERDALE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 26881  
TAMARAC, FL 33320 US

**New Mailing Address:**

FEI Number: 65-0221122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LORING, REV. PHILIP KENNETH  
9378 NW 49TH PLACE  
SUNRISE, FL 33351 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: PD ( ) Delete  
Name: LORING, PHILIP KENNETH  
Address: 9378 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: SANFORD, SHERYL  
Address: 120 ALEXANDRIA BL.  
City-St-Zip: MCDONOUGH, GA 30253

Title: VSD ( ) Delete  
Name: LORING, LISA A  
Address: 9378 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete  
Name: SPERDUTO, GUY  
Address: 8982 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

**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: REV. PHILIP KENNETH LORING

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date