2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N24151

Entity Name: AWAKENING FOR TODAY MINISTRIES, INC.

Current Principal Place of Business:

AWAKENING FOR TODAY
BOX 39
CANON CITY, CO 81215 US

New Principal Place of Business:

Current Mailing Address:

AWAKENING FOR TODAY
BOX 39
CANON CITY, CO 81215 US

New Mailing Address:

FEI Number: 84-1077626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEFFIELD, RON
2405 DIANJO DR.
ORLANDO, FL 32810 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:	DP	( ) Delete
Name:	ADKISSON, GRANT C.,	
Address:	P. O. BOX 39 N/A	
City-St-Zip:	CANON CITY, CO	
Title:	D	( ) Delete
Name:	SBERNA, SAL DR	
Address:	16826 AVENFIELD	
City-St-Zip:	TOMBALL, TX 77375	
Title:	D	( ) Delete
Name:	ADKISSON, EMILY M	
Address:	171 CEDAR RIDGE	
City-St-Zip:	CANON CITY, CO 81212	
Title:	DS	( ) Delete
Name:	ADKISSON, PATSY K.,	
Address:	P. O. BOX 39 N/A	
City-St-Zip:	CANON CITY, CO	
Title:	D	( ) Delete
Name:	BELL, LINDA,	
Address:	63 BLUE GROUSE	
City-St-Zip:	CANON CITY, CO 81212 US	
Title:	DT	( ) Delete
Name:	NEIN, BILL	
Address:	333 W LAKE SUITE 2E	
City-St-Zip:	WOODLAND PARK, CO 80863	

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: GRANT ADKISSON DP 01/20/2009

Electronic Signature of Signing Officer or Director — Date