2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27377

Entity Name: LARRY MCFADDEN MINISTRIES, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 LAKE HARBOR CIRCLE 5343 HANSEL AVE. ORLANDO, FL 32809 US #F-1

ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

PO BOX 568545

ORLANDO, FL 32856 US

FEI Number: 59-2905071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCFADDEN, LARRY MCFADDEN, LARRY 625 LAKE HARBOR CIRCLE 5343 HANSEL AVE. ORLANDO, FL 32809 #F-1

ORLANDO, FL 32809 US

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: 04/09/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCFADDEN, LARRY MCFADDEN, LARRY Name: Name:

625 LAKE HARBOR CIRCLE Address: 5343 HANSEL AVE. #F-1 Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

(X) Change () Addition Title: () Delete Title: Name: MCFADDEN, TERESA K. Name: MCFADDEN, TERESA K.

Address: 625 LAKE HARBOR CIRCLE Address: 5343 HANSEL AVE. #F-1 City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

Title: () Delete Title: (X) Change () Addition

MCFADDEN, J.N. Name: MCFADDEN, J.N. Name: 1215 LAKEVIEW CIRCLE 1214 LAKEVIEW CIRCLE Address: Address: City-St-Zip: GREER, SC City-St-Zip: GREER, SC 29651

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: TERESA K MCFADDEN DT 04/09/2009