

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27834

FILED
Jan 20, 2009
Secretary of State

Entity Name: FIVE FOLD MINISTRIES, INC.

Current Principal Place of Business:

4265 UTE COURT
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6885
ROCHESTER, MN 55903 US

New Mailing Address:

FEI Number: 65-0067361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, MARK BISHOP
5375 COUNTRYDALE CT.
FT. MYERS, FL 33905 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: P/D () Delete
Name: SHAW, MARK D BISHOP
Address: P O BOX 994
City-St-Zip: PINE ISLAND, MN 55963

Title: VD () Delete
Name: COLTON SHAW, KATHRYN I PASTOR
Address: 1711 8TH STREET SE
City-St-Zip: PINE ISLAND, MN 55963

Title: A/D () Delete
Name: MCCARTY, WAYNE
Address: 514 STATE STREET
City-St-Zip: WEST CONCORD, MN 55985

Title: A/D () Delete
Name: SCHMIDT, DANIEL
Address: ROUTE 3, BOX 258
City-St-Zip: ZUMBRO FALLS, MN 55991

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: MARK DAVID SHAW

P/D

01/20/2009

Electronic Signature of Signing Officer or Director

Date