2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N33951

Entity Name: THE AWAKENING POWER OF GOD'S WORD MINISTRIES, INC.

Current Principal Place of Business:

1665 E 9TH ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1665 E 9TH ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2987101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEEKS, A D
1665 E 9TH ST
JACKSONVILLE, FL 32206 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: MEEKS, A.D.
Address: 1665 E 9TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD ( ) Delete
Name: MEEKS, DERRICK
Address: 8391 ARGYLE CORNER DR. EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: MEEKS, L.B.
Address: 1665 E 9TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD ( ) Delete
Name: MEEKS, MERIEL
Address: 8391 ARGYLE CORNER DR. EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: MEEKS, LASHA B
Address: 1665 E 9TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD ( ) Delete
Name: MEEKS, ANDREW D
Address: 5885 EDENFIELD RD
City-St-Zip: JACKSONVILLE, FL 32277

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: A.D. MEEKS PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date