2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N38888

Entity Name: C. D. KINSEY MINISTRIES, INCORPORATED

Current Principal Place of Business:

2591 W. BEAVER ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2591 W. BEAVER ST.
JACKSONVILLE, FL 32254

New Mailing Address:

P. O. BOX 40105
JACKSONVILLE, FL 32203

FEI Number: 59-2491350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KINSEY, CARRIE B
12754 MUIRFIELD BLVD. N.
JACKSONVILLE, FL 32225 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:	SD	( ) Delete
Name:	KINSEY, CARMELYN	
Address:	2591 W. BEAVER ST.	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	PD	( ) Delete
Name:	KINSEY, CARRIE	
Address:	12754 MUIRFIELD BLVD N	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VPD	( ) Delete
Name:	MCLEOD, CAMMIE	
Address:	2591 W. BEAVER ST.	
City-St-Zip:	JACKSONVILLE, FL 32254	
Title:	D	( ) Delete
Name:	NELSON, ANTOINETTE	
Address:	646 CHERRY BARK DR N	
City-St-Zip:	JACKSONVILLE, FL 32218	

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: ANTOINETTE NELSON D 03/31/2009

Electronic Signature of Signing Officer or Director — Date