2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N43327

Entity Name: CLEOPATRA J. STEELE MINISTRIES, INC.

Current Principal Place of Business:

127 ESCAMBIA ST
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2862
C/O J. STEELE
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-3101419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEELE, CLEOPATRA J.
224 SE COUNTRY CLUB ROAD
LAKE CITY, FL 32025 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	( ) Delete
Name:	STEELE, CLEOPATRA J	
Address:	224 SE CNTRY CLUB RD	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	D	( ) Delete
Name:	STEELE, MITCHELL D	
Address:	P.O. BOX 3261	
City-St-Zip:	LAKE CITY, FL 32056	
Title:	S	( ) Delete
Name:	HAYES, BETTY	
Address:	223 SE LILLIAN LP, # 103	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	T	( ) Delete
Name:	FIELDS, FANNIE	
Address:	323 SW ROYAL CT	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	VD	( ) Delete
Name:	HAYES, WAYNE	
Address:	223 SE LILLIAN LOOP, #103	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	D	( ) Delete
Name:	HOLSEY, MARJORIE	
Address:	315 NE NINK PL	
City-St-Zip:	LAKE CITY, FL 32055	

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: CLEOPATRA J. STEELE P 04/20/2009
Electronic Signature of Signing Officer or Director — Date