

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46458

FILED
Jan 22, 2009
Secretary of State

Entity Name: RON MOORE MINISTRIES, INC.

Current Principal Place of Business:

22850 SKYVIEW CIR
BROOKSVILLE, FL 34602 US

New Principal Place of Business:

Current Mailing Address:

22850 SKYVIEW CIR
BROOKSVILLE, FL 34602 US

New Mailing Address:

FEI Number: 59-3098505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, RONALD E. SR.
22850 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602 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: D () Delete
Name: CALLAHAN, REUPAT
Address: 11296 115TH ST N
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: MOORE, RONALD JR
Address: 10-A OLD FLOOD RD
City-St-Zip: MERRIMACK, NH 03054

Title: D () Delete
Name: OGLESBY, AFTON DR
Address: 2753 MONTANA RD
City-St-Zip: OTTAWA, KS 66067

Title: D () Delete
Name: CHAPMAN, AL
Address: #4 LILAC LANE
City-St-Zip: FARMINGTON, CT

Title: P () Delete
Name: MOORE, RONALD E SR
Address: 22850 SKYVIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

Title: VTS () Delete
Name: MOORE, JOYCE P.
Address: 22850 SKYVIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

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
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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: REV. RONALD E. MOORE SR.

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date