

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47806

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: FRESH OIL MINISTRIES, INC.

**Current Principal Place of Business:**

8703 BANYAN WAY  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

8703 BANYAN WAY  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-3105850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLSCH, ANGELA M DP  
8703 BANYAN WAY  
CAPE CANAVERAL, FL 32920 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: DT ( ) Delete  
Name: STEVENSON, DEBRA  
Address: 1270 ISLAND DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: GARCIA, RENEE S.  
Address: 643 WOODBRIDGE DR  
City-St-Zip: MELBOURNE, FL 32940

Title: DS ( ) Delete  
Name: TUDOR, CAROLYN  
Address: 4420 RECTOR ROAD  
City-St-Zip: COCOA, FL 32926

Title: DP ( ) Delete  
Name: MCNEELEY-KOLSCH, ANGELA  
Address: 8703 BANYAN WAY  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Delete  
Name: DABBS, MARY M  
Address: 225 S. TROPICAL TRAIL #901  
City-St-Zip: MERRITT ISLAND, FL 32952

**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:

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: ANGELA M. KOLSCH

DP

04/11/2009

Electronic Signature of Signing Officer or Director

Date