2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N50946

Entity Name: HALLETT MINISTRIES, INC.

Current Principal Place of Business:

2413 24TH WAY
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1015
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 65-0369992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLETT, ARTHUR
2413 24TH WAY
SARASOTA, FL 34235 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: HALLETT, ARTHUR
Address: 2413 24TH WAY
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: HALLETT, JILL
Address: 2413 24TH WAY
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: BOND, VICTORIA
Address: 7040 OUTPOST LANE
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: BURNS, GINA M
Address: 6753 COUNTY ROAD
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: RITTER, G T REV
Address: 3533 GOCIO ROAD
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: RITTER, TERRI
Address: 3533 GOCIO ROAD
City-St-Zip: SARASOTA, FL 34235

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: ARTHUR HALLETT D 01/29/2009

Electronic Signature of Signing Officer or Director — Date