

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000015

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** THE SPIRITBORNE MINISTRIES INC.

**Current Principal Place of Business:**

4416 W. ELM ST.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4416 W. ELM ST.  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 59-3126650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STATON, JANELL  
4416 W ELM ST  
TAMPA, FL 33614 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: T ( ) Delete  
Name: THEODOSAT, SYLVIA  
Address: 7710 WEST HIAWATHA ST  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: STURGILL, PENNY  
Address: 1000 UNIVERSITY BLVD #C-42  
City-St-Zip: KINGSPORT, TN 37660

Title: D ( ) Delete  
Name: SMILING, LUCILLE  
Address: 11115 N NEBRASKA AVE #211  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: STURGILL, ROBERT  
Address: 4416 WEST ELM ST  
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete  
Name: PUNG, CAMBERLA  
Address: 8905 HIGH RIDGE CT  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: HUGHES, DAMIEN  
Address: P.O. BOX 1083  
City-St-Zip: GATE CITY, VA 24290

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: THEODOSAT, SYLVIA  
Address: 7710 WEST HIAWATHA ST  
City-St-Zip: TAMPA, FL 33615

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: S (X) Change ( ) Addition  
Name: PUNG, CAMBERLA  
Address: 26826 CLARA PLACE  
City-St-Zip: LUTZ, FL 33559

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: JANELL STATON

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date