2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N93000001143

Entity Name: DESOTO COUNTY MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

209 W. HICKORY ST.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2824
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 65-0445657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINKER, ROBERT H
6645 N.E. MAUTERS AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

HINIKER, ROBERT H
6645 N.E. MASTERS AVE
ARCADIA, FL 34266 US

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: ROBERT H. HINIKER 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GORK, RON
Address: 34 EL VARANO AVE
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete
Name: ARMBRUST, LARRY
Address: 304 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete
Name: HINIKER, ROBERT H
Address: 6645 N.E. MARTENS AVE.
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete
Name: GILCHRIST, VALERIE
Address: 207 E. MAGNOLIA ST
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: YORK, RON
Address: 34 EL VARANO AVE
City-St-Zip: ARCADIA, FL 34266

Title: V (X) Change ( ) Addition
Name: STUTZMAN, PHIL
Address: 200 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change ( ) Addition
Name: HINIKER, ROBERT H
Address: 6645 N.E. MASTERS AVE.
City-St-Zip: ARCADIA, FL 34266

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: ROBERT H. HINIKER T 04/15/2009
Electronic Signature of Signing Officer or Director Date