

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003739

FILED
Apr 26, 2009
Secretary of State

Entity Name: EZRA MINISTRIES, INC.

Current Principal Place of Business:

5926 CR 136A
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 324
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 65-0448124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARICK, WILLIAM W
8440 127TH DRIVE
LIVE OAK, FL 32060 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: PD () Delete
Name: YARICK, MARK E
Address: 5926 CR 136A
City-St-Zip: LIVE OAK, FL 32060

Title: VPD () Delete
Name: HOCHSTETTLER, WILLIAM
Address: 800 NORTHPOINT PKWY #202
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD () Delete
Name: YARICK, WILLIAM W
Address: 8440 127TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Delete
Name: HABTEYESUS, ABRAHAM
Address: 9814 NE 190TH. ST.
City-St-Zip: BOTHELL, WA 98011

Title: D () Delete
Name: FRAZIER, DAVID
Address: 128 SILVER BELL CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MARK YARICK

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date