2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N93000005257

Entity Name: LAST DAYS MINISTRIES, INC.

Current Principal Place of Business:

410 BASSADENA CIRCLE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

410 BASSADENA CIRCLE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINTON, WILLIE
410 BASSADENA CIRCLE
LAKELAND, FL 33805 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: DP ( ) Delete
Name: HINTON, WILLIE
Address: 410 BASSADENA CIRCLE
City-St-Zip: LAKELAND, FL 33805

Title: DV ( ) Delete
Name: GIBSON, CHARLES
Address: 1200 SHERWOOD OAK
City-St-Zip: LAKELAND, FL 33805

Title: DS ( ) Delete
Name: GIBSON, RANDY
Address: 410 BASSADENA CIRCLE
City-St-Zip: LAKELAND, FL 33805

Title: DT ( ) Delete
Name: HINTON, JERELEN
Address: 410 BASSADENA CIRCLE
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: GIBSON, CHARLES
Address: 410 BASSADENA CIRCLE
City-St-Zip: LAKELAND, FL 33805

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: WILLIE HINTON DP 04/22/2009

Electronic Signature of Signing Officer or Director — Date