2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000162

FILED Apr 15, 2009 Secretary of State

Entity Name: ALICK ANDREW ALI CHRISTIAN MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1089 WOODMAN WAY ORLANDO, FL 32818 US **Current Mailing Address: New Mailing Address:** P.O. BOX 681060 ORLANDO, FL 328681060 US FEI Number: 59-3220087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALI, ALICK A 1089 WOODMAN WAY ORLANDO, FL 32818 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Change () Addition () Delete ALI, ALICK A Name: Name: Address: 1089 WOODMAN WAY Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: VSPD Title: () Delete () Change () Addition Name: ALI, THERESA E Name: Address: 1089 WOODMAN WAY Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: () Delete Title: () Change () Addition SAKINO, TATSUYA Name: Name: 1089 WOODMAN WAY Address: Address: City-St-Zip: ORLANDO, FL 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: REV. ALICK A. ALI PTD 04/15/2009