2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 07, 2009 Secretary of State

Entity Name: FOLLOWERS OF CHRIST MINISTRY CORPORATION New Principal Place of Business: Current Principal Place of Business: 962 N. MARION AVENUE LAKE CITY, FL 32056 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 902 LAKE CITY, FL 32056 FEI Number: 59-3226259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REED, TOMMIE A RT 8 BOX 365R LAKE CITY, FL 32055 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: () Change () Addition () Delete REED, TOMMIE A Name: Name: Address: 130 NW JAN C.T. Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REED, LORETTA Name: Address: 130 NW JAN C.T. Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: () Delete Title: () Change () Addition CREEL, JOHN A Name: Name: 959 N.W. SOPHIE DRIVE Address: Address: City-St-Zip: WHITE SPRINGS, FL 32096 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: LORETTA REED S 01/07/2009