

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001820

FILED
Jan 09, 2009
Secretary of State

Entity Name: FOCUS ON CHRIST MINISTRIES, INC.

Current Principal Place of Business:

561 E. MITCHELL HAMMOCK RD.
STE 100
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622226
OVIEDO, FL 327622226 US

New Mailing Address:

FEI Number: 59-3312869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANZ, FRED
561 MITCHELL HAMMOCK RD., STE 100
OVIEDO, FL 32765 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: D () Delete
Name: FRANZ, FRED
Address: 561 E. MITCHELL HAMMOCK RD., STE 100
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: BARLEY, WILLIAM
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL

Title: DV () Delete
Name: BARLEY, GAIL
Address: PO BOX 622226 N/A
City-St-Zip: OVIEDO, FL 26

Title: D () Delete
Name: BELLHORN, TED
Address: 7936 E. SANDIA CIRCLE
City-St-Zip: MESA, AZ 85207

Title: D () Delete
Name: HARPER, EVERETT
Address: 429 W. CHURCH AVE
City-St-Zip: LONGWOOD, FL

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: WILLIAM M. BARLEY

D/P

01/09/2009

Electronic Signature of Signing Officer or Director

Date