2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N95000002935

Entity Name: THE SEED OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

13397 SW 131 ST.
MIAMI, FL 33186

New Principal Place of Business:

13397 SW 131 ST.
MIAMI, FL 33186

Current Mailing Address:

P.O. BOX 160357
MIAMI, FL 331160357

New Mailing Address:

FEI Number: 65-0588818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUAZON, GENER C
10124 SW 144 AVE
MIAMI, FL 33186 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: P ( ) Delete
Name: TUAZON, GENER C
Address: 10124 SW 144 AVE.
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete
Name: MOVILLA, DINDO
Address: 13116 SW 214 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: PENAFLORIDA, ROSEVIR JOY
Address: 9601 SW 142 AVENUE APT. 612
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: TUAZON, ELEVITA B
Address: 10124 SW 144 AVE.
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: HERNANDEZ, FILIPINA
Address: 12604 SW 119TH PATH
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: CAYOBIT, MARYANN E
Address: 17091 SW 92 COURT
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: ARINAL, MAVEL
Address: 17815 SW 154 PL
City-St-Zip: MIAMI, FL 33187

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: ELEVITA B. TUAZON T 04/14/2009
Electronic Signature of Signing Officer or Director — Date