2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N95000004586

Entity Name: STRAIT GATE MINISTRIES, INC.

Current Principal Place of Business:

857 DELLENA LANE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

857 DELLENA LANE
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 65-0620973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATTLES, RONNIE H
857 DELLENA LANE
FT MYERS, FL 33905 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: DC ( ) Delete
Name: BATTLES, RONNIE H
Address: 857 DELLENA LANE
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete
Name: WHITAKER, DELORES Y
Address: 752 OLEANDER AVE
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete
Name: POOLE, BARBARA A
Address: 1475 APOLLO DR
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete
Name: BELL, CHERYL A
Address: 2986 MARKET STREET
City-St-Zip: FT MYERS, FL 33916

Title: D ( ) Delete
Name: GRANT, ROGER
Address: 9850 BERNWOOD PLACE DR.
City-St-Zip: FORT MYERS, FL 33905

Title: DS ( ) Delete
Name: BATTLES, PRINCESS L
Address: 857 DELLENA LANE
City-St-Zip: FORT MYERS, FL 33905

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:

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: RONNIE H. BATTLES DC 04/30/2009
Electronic Signature of Signing Officer or Director — Date