2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005809

Entity Name: DANCING FOR HIM MINISTRIES, INC.

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13 COLE ST. 202 VICTORIA MANOR CT.

KINGSTON, MA 02364 #205

LAKELAND, FL 33805

Current Mailing Address: New Mailing Address:

202 VICTORIA MANOR CT. 13 COLE ST

KINGSTON, MA 02364 #205

LAKELAND, FL 33805

FEI Number: 59-3349874 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:

STRUBLE, DON L RA HAYDEN, LYNN M RA 1910 ROLLING GREEN CIR. 202 VICTORIA MANOR CT. SARASOTA, FL 34240 #205

LAKELAND, FL 33805 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: LYNN HAYDEN 01/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HAYDEN, LYNN M PRESIDE HAYDEN, LYNN M PRESIDE Name: Name: 13 COLE ST. Address: 202 VICTORIA MANOR CT. #205 Address:

City-St-Zip: KINGSTON, MA 02364 City-St-Zip: LAKELAND, FL 33805

Title: Title: (X) Change () Addition () Delete SARDINE, DASHAN L VICE PR Name: SARDINE, DASHAN L VICE PR Name: Address: 229 MADISON RIDGE BLVD Address: 229 MADISON RIDGE BLVD City-St-Zip: DICKSON, TN 37055 City-St-Zip: DICKSON, TN 37055

Title: () Delete Title: () Change () Addition

MITCHEM, JESSICA L SECRETA Name: Name: Address: 7463 SWALLOW RUN CT Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip:

Title: () Delete Title: 202 () Change (X) Addition

Name: Name: GUIDRY, BOB BOARD M Address: Address: 27567 RD. 340 City-St-Zip: City-St-Zip: PERKINSTON, MS 39573

Title: Title: 202

() Delete () Change (X) Addition GUIDRY, CINDY BOARD M Name: Name:

27567 RD. 340 Address: Address:

City-St-Zip: City-St-Zip: PERKINSTON, MS 39573

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: LYNN HAYDEN **PRES** 01/16/2009