2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N96000002147

Entity Name: LARRY D. FORD MINISTRIES, INC.

Current Principal Place of Business:

11000 METRO PKWY #1A
FORT MYERS, FL 33966 12

New Principal Place of Business:

Current Mailing Address:

11000 METRO PKWY #1A
FORT MYERS, FL 33966 12

New Mailing Address:

FEI Number: 65-0683777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORD, LARRY
18210 SANDY PINES CIRCLE
FORT MYERS, FL 33917 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:	MELVIN, RICHARD	
Address:	33 SHERIDAN RD	
City-St-Zip:	POLAND, OH 44514	
Title:	DST	( ) Delete
Name:	SCHWARTZ, LESA	
Address:	10809 ARROW TREE BLVD	
City-St-Zip:	CLERMONT, FL 34715	
Title:	VP	( ) Delete
Name:	FORD, SHERRYL	
Address:	18210 SANDY PINES CIRCLE	
City-St-Zip:	FT MYERS, FL 33917	
Title:	T	( ) Delete
Name:	CASH, THOMAS	
Address:	12848 HAVENRIDGE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	TAVILLA, ROSALIE	
Address:	1044 WOODSHIRE #B212	
City-St-Zip:	NAPLES, FL 34105	
Title:	D	( ) Delete
Name:	VEGA, JOEL	
Address:	11520 PLANTATION PRESERVE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	

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: SHERRYL S. FORD VP 04/22/2009

Electronic Signature of Signing Officer or Director — Date