2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N96000003007

Entity Name: BWS MINISTRIES, INC.

Current Principal Place of Business:

2732 BEAUCLERC RD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

2732 BEAUCLERC RD
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3392780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKINNER, CHARLES W
8267 SHADY GROVE CT
JACKSONVILLE, FL 32256 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: BAKER, ANNE D
Address: 1870 CHALLEN AVE
City-St-Zip: JAX, FL 32205

Title: DP ( ) Delete
Name: CRENSHAW, KATHARINE K
Address: 2358 RIVERSIDE AVE. #801
City-St-Zip: JACKSONVILLE, FL 32204

Title: DST ( ) Delete
Name: ANDERSON, REBECCA B
Address: 2732 BEAUCLERC RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: SKINNER, CHARLES W.
Address: 8267 SHADY GROVE CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: BOWER, MARY M
Address: 4789 APALACHEE ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: GIBBS, MARGARET
Address: 2681 HOLLY POINT RD
City-St-Zip: ORANGE PARK, FL 32804

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: REBECCA B. ANDERSON DST 03/22/2009

Electronic Signature of Signing Officer or Director — Date