2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000005738

TI FILED

Feb 25, 2009

Secretary of State

Entity Name: A TOUCH OF GOD MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2997 TYRONE BLVD ST. PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 40968 ST. PETERSBURG, FL 33743 FEI Number: 59-3432714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAKELY, KATHERINE S 9933 51ST AVE ST. PETERSBURG, FL 33708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MITSCH, JOSEPH Name: Name: 6609 CARRINGTON SKY DRIVE Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: () Delete Title: () Change () Addition LINDSEY, MARIA P Name: Name: Address: 6291 BAHIA DEL MAR CIR., BLDG 0-302 Address: City-St-Zip: ST. PETERSBURG, FL 33715 City-St-Zip: Title: () Delete Title: () Change () Addition CHAVIS, CHRIS Name: Name: Address: 6176 5TH AVE. S. Address: City-St-Zip: ST. PETERSBURG, FL 33707 City-St-Zip: Title: T/D () Delete Title: () Change () Addition Name: CHELSTOWSKI, PAUL Name: Address: 6476 50TH AVE. N. Address: City-St-Zip: ST. PETERSBURG, FL 33709 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAGERMAN, JAMES HAGERMAN, JAMES B Name: Name: 2625 STATE ROAD 590, #1714 2625 STATE ROAD 590, #1714 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: (X) Change () Addition MAKELY, KATHERINE S MAKELY, KATHERINE S Name: Name: Address: 9933 51ST AVE. N. Address: 9933 51ST AVE. N. ST. PETERSBURG, FL 33708 ST. PETERSBURG, FL 33708 City-St-Zip: 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: KATHERINE S MAKELY S/D 02/25/2009