2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N97000001175

Entity Name: STRICKLAND MINISTRIES, INC.

Current Principal Place of Business:

16 SPARROW PATH
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

16 SPARROW PATH
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

16 SPARROW PATH
CRAWFORDVILLE, FL 32327

New Mailing Address:

16 SPARROW PATH
CRAWFORDVILLE, FL 32327 US

FEI Number: 59-3435014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, RONALD L
2367 RYAN PLACE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

STRICKLAND, RONALD L
16 SPARROW PATH
CRAWFORDVILLE, FL 32327 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: RONALD L. STRICKLAND 04/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRICKLAND, RONALD L
Address: 16 SPARROW PATH
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete
Name: CHAPMAN, DAVID B
Address: 908 WASHINGTON STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: COOPER, MICHAEL D
Address: 1915 RAA AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TSD ( ) Delete
Name: STSRICKLAND, LISA M
Address: 16 SPARROW PATH
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: PENNY, MARK A
Address: 1338 AIRPORT DRIVE,H-8
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: WHITE, DAVID G
Address: 1225 GATESHEAD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

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: RONALD L. STRICKLAND PD 04/25/2009
Electronic Signature of Signing Officer or Director Date