2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000001687

Entity Name: BILLY SPEER MINISTRIES, INC.

Current Principal Place of Business:

1109 S. INDIANA AVE
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 596
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3435287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPEER, WILLIAM C
1109 S. INDIANA AVE
GROVELAND, FL 34736 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: C/D ( ) Delete
Name: BENNAGE, CRAIG
Address: 350 MILL STREET
City-St-Zip: HERSHEY, PA 17033

Title: S/T ( ) Delete
Name: ASCHERMAN, SHARON
Address: 11541 LAST CHANCE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: V/D ( ) Delete
Name: SPEER, PAULA C
Address: P O BOX 596
City-St-Zip: GROVELAND, FL 34736

Title: P/M ( ) Delete
Name: SPEER, WILLIAM C REV.
Address: PO BOX 596
City-St-Zip: ORLANDO, FL 34736

Title: D ( ) Delete
Name: EGGELING, PAUL
Address: 6006 SCOTS PINE CT.
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: JOHN, SCHNECK REV
Address: P.O. BOX 3002
City-St-Zip: EUSTIS, FL 32727

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change ( ) Addition
Name: BENNAGE, CRAIG
Address: 429 INDIAN ROCK CIRCLE
City-St-Zip: ELIZABETHTOWN, PA 17022

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: RANDY JEFFERS D 03/20/2009

Electronic Signature of Signing Officer or Director — Date