2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
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
Name: BENNAGE, CRAIG
Address: 429 INDIAN ROCK CIRCLE
City-St-Zip: ELIZABETHTOWN, PA 17022

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SPEER, WILLIAM C. REV. D/M 04/04/2011

Electronic Signature of Signing Officer or Director Date