2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005252

Name:

Address: City-St-Zip:

Entity Name: DEBBIE RICH MINISTRIES INC.

FILED Mar 03, 2009 Secretary of State

y			(ILO, IIVO.				
Current Principal Place of Business:				New Pri	New Principal Place of Business:		
16057 TAN #131	MPA PALM (BLVD W					
TAMPA, F	L 33647	US					
Current M	lailing Add	ress:		New Ma	New Mailing Address:		
	057 TAMPA PALMS BLVD						
W #131 TAMPA, F	L 33647	US					
FEI Number	: 59-3480931	FEI Number	Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Regis	stered Agent:	Name ar	nd Address	of New Registered Agent:	
RESTER, 16057 TAN TAMPA, F	IPA PALMS	BLVD W #131 US					
	named enti e of Florida.	ty submits this s	tatement for the p	ourpose of changing	g its registe	red office or registered agent, or both,	
SIGNATUI	RE:						
	Elect	ronic Signature o	of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD RESTER, D 16057 TAMI TAMPA, FL	PA PALMS BLVD W	#131	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	5045 GEVA	() Delete JGH, STEPHEN W LIA DR. LLE, FL 34604 US		Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD HOLMES, K 1126 VINET TAMPA, FL	REE DR.		Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D DALIN, SAV PO BOX 329 JUNEAU, AK	905		Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title:		() Delete		Title:	VP	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

RESTER, ROBERT D

ABERDEEN, WA 98520

125 PIONEER RD

SIGNATURE: DEBRAK. RESTER PD 03/03/2009