2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N98000000481

Entity Name: RENITA ALLEN-DIXON MINISTRIES, INC.

Current Principal Place of Business:

1001 PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7161
TALLAHASSEE, FL 32314

New Mailing Address:

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

Name and Address of Current Registered Agent:

ALLEN-DIXON, RENITA
1001 PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301 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:	PD	( ) Delete
Name:	ALLEN-DIXON, RENITA	
Address:	1001 PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	DIXON, JENZELL	
Address:	1001 PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32314	
Title:	D	( ) Delete
Name:	GASPER, ADELA	
Address:	1001 PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	WHITE, ETTA	
Address:	8424 LENO VA LANE	
City-St-Zip:	TALLAHASSEE, FL 32305	

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:	

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: RENITA DIXON PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date