

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001779

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** GOING THE DISTANCE ADVENTURE MINISTRY, INC.

**Current Principal Place of Business:**

8072 ROSE TERRACE NORTH  
SEMINOLE, FL 33777

**New Principal Place of Business:**

11495 66TH ST N  
2ND FLOOR  
LARGO, FL 33773

**Current Mailing Address:**

PO BOX 7523  
SEMINOLE, FL 33775

**New Mailing Address:**

**FEI Number:** 59-3542697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARNER, DOUG  
8072 ROSE TERRACE NORTH  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

GARNER, DOUG  
8072 ROSE TER N  
LARGO, FL 33777 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:

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MDCE ( ) Delete  
Name: GARNER, DOUGLAS L  
Address: 8072 ROSE TERR N  
City-St-Zip: SEMINOLE, FL 33777

Title: PD ( ) Delete  
Name: MCCORMICK, THOMAS  
Address: 710 119TH AVE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD ( ) Delete  
Name: EBERSBERGER, MARC  
Address: 9386 110TH STREET N  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MDCE (X) Change ( ) Addition  
Name: GARNER, DOUGLAS L  
Address: 8072 ROSE TER N  
City-St-Zip: LARGO, FL 33777

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: DOUGLAS GARNER

MDCE

04/23/2009

Electronic Signature of Signing Officer or Director

Date