

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001795

Entity Name: ACTS 29 MINISTRY, INC.

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413

New Principal Place of Business:

Current Mailing Address:

21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413

New Mailing Address:

FEI Number: 31-1634643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFARLAND, DAVID G
21429 FRONT BCH RD.
PANAMA CITY BCH, FL 32413 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: MCFARLAND, DAVID
Address: 21429 FRONT BEACH RD
City-St-Zip: PANAMA CITY, FL 32413

Title: TD () Delete
Name: MCFARLAND, CYNTHIA
Address: 21429 FRONT BEACH RD
City-St-Zip: PANAMA CITY, FL 32413

Title: VD () Delete
Name: REAGAN, DAVID
Address: 1107 CARSON DR
City-St-Zip: ALLEN, TX 75002

Title: D () Delete
Name: ROBERTS, JOHN K
Address: 15 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: SD () Delete
Name: HOLLINGSWORTH, SALLY
Address: 21429 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY, FL 32413

Title: D () Delete
Name: MCGREW, DOYLE
Address: P.O. BOX 266
City-St-Zip: GOLDONNA, LA 71031

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:

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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: CYNTHIA A MCFARLAND

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date