

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002473

FILED
Jun 29, 2009
Secretary of State

Entity Name: CHARITY MINISTRIES, INC.

Current Principal Place of Business:

14177 W. HWY 326
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

14302 W HWY 326
MORRISTON, FL 32668

New Mailing Address:

PO BOX 265
EAST PALATKA, FL 32131

FEI Number: 59-3512881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ESAU, JOSEPH
14300 W HIGHWAY 326
MORRISTON, FL 32668 US

Name and Address of New Registered Agent:

ESAU, JOSEPH
451 SR 207
EAST PALATKA, FL 32131 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: JOSEPH ESAU

06/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESAU, JOSEPH
Address: P.O. BOX 516
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: PULLINGS, WILLIAM
Address: 8245 NW 145TH AVE RD
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: PULLINGS, EDNA
Address: 14300 W HWY 326
City-St-Zip: MORRISTON, FL 32668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESAU, JOSEPH
Address: PO BOX 265
City-St-Zip: EAST PALATKA, FL 32131

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: JOSEPH ESAU

MR.

06/29/2009

Electronic Signature of Signing Officer or Director

Date