## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003227

27 Secretary of State

Entity Name: FOOTSOLDIER MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

125 DANNY DR. VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

125 DANNY DR. VALRICO, FL 33594

FEI Number: 59-3516857 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HOBBY, JAMES D

144 OAKHILL VIEW DR.

VALRICO, FL 33594 US

HOBBY, JAMES D

125 DANNY DRIVE

VALRICO, FL 33594 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: 02/13/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Feb 13, 2008

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HOBBY, JAMES D Name: HOBBY, JAMES D

 Name:
 HOBBY, JAWIES B

 Address:
 144 OAKHILL VIEW DR.
 Address:
 125 DANNY DRIVE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: D () Delete Title: D (X) Change () Addition

Name: DYER, TYLA L Name: DYER, TYLA L
Address: 506 NO. KNIGHT ST. Address: 403 CARRINGTON GREEN PARKWAY

City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: MCDONOGH, GA 30252

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HOBBY, ANTHONY D
 Name:

 Address:
 704 FOXGLOVE PL
 Address:

 City-St-Zip:
 BRANDON, FL 33510
 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: JAMES D. HOBBY PD 02/13/2008