

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000497

FILED
Apr 13, 2009
Secretary of State

Entity Name: A.J. WELLS MINISTRIES, INC.

Current Principal Place of Business:

2920 NW 12TH ST
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

4031 NE 2ND WAY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-0942050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCHSZTEIN, FRED
1930 HARRISON STREET
SUITE 503
HOLLYWOOD, FL 33020 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: WELLS, SR., ANDREW J SR
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: 1VP () Delete
Name: WELLS, ANDREW J JR.
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: 2VP () Delete
Name: WELLS, ANTONIO G
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: T () Delete
Name: POITIER, PRISCILLA
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: S () Delete
Name: WELLS, CRYSTAL S
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

Title: MEMB () Delete
Name: RACHEL, RUBY
Address: 4031 NE 2ND WAY
City-St-Zip: POMPAN0 BEACH, FL 33064

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:

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: ANDREW J. WELLS, SR.

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date