

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002340

FILED
Apr 28, 2009
Secretary of State

Entity Name: REUNITED MINISTRIES AND AFFILIATES, INCORPORATED

Current Principal Place of Business:

20110 PEYTON PLACE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20110 PEYTON PLACE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 52-2173527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAUGHERTY, ROGER N REV.
20110 PEYTON PLACE
BROOKSVILLE, FL 34601 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: CMB () Delete
Name: PETERS, TIM
Address: 11236 NORVELL ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: CSD () Delete
Name: PETERS, WANDA
Address: 111236 NORVELL ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: CHSD () Delete
Name: PEARCE, SHANNA
Address: 11120 HEATHWOOD AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: MANN, DONNA
Address: 1583 HOWELL AVE.
City-St-Zip: BROOKSVILLE, FL 34601

Title: P () Delete
Name: DAUGHERTY, N. ROGER
Address: 20110 PEYTON PLACE
City-St-Zip: BROOKSVILLE, FL 34601

Title: VPT () Delete
Name: DAUGHERTY, S. JENELLE
Address: 20110 PEYTON PLACE
City-St-Zip: BROOKSVILLE, FL 34601

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: ROGER N DAUGHERTY

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date