

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003587

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** RAYMOND OWENS, JR. MINISTRIES, INC.

**Current Principal Place of Business:**

1406 N.E. 2 STREET  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

**FEI Number:** 65-0531761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS, RAYMOND JR  
340 S.W. 14TH STREET  
DEERFIELD BEACH, FL 33441 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  
**Name:** OWENS, RAYMOND JR  
**Address:** 340 S.W. 14TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** TD  
**Name:** OWENS, SHUMIE L  
**Address:** 340 S.W. 14TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** SD  
**Name:** LORRAINE, LILLIAN  
**Address:** 340 S.W. 14TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

**SIGNATURE:** RAYMOND OWENS, JR

PD

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date