

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003936

FILED
Apr 07, 2009
Secretary of State

Entity Name: BLOODLINE PRODUCTIONS MINISTRIES, INC.

Current Principal Place of Business:

1850 OLE HERITAGE DR.
#15106
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

1850 OLE HERITAGE DR.
#15106
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3582721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB-TAYLOR, WALTHA MAE
1850OLE HERITAGE DR.
#15106
ORLANDO, FL 32839 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: COBB-TAYLOR, WALTHA MAE
Address: 1850 OLE HERITAGE DR. #15106
City-St-Zip: ORLANDO, FL 32839

Title: VD () Delete
Name: TAYLOR, GEORGE A
Address: 1850 OLE HERITAGE DR. #15106
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: PHELPS, DEMETRICH
Address: 1981 W. 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PHELPS, DEMETRICH
Address: 1981 W. 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD (X) Change () Addition
Name: JOHNSON, SYLVIA
Address: 4435 BEDIVRE ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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: WALTHA MAE COBB-TAYLOR

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date