

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N99000004957

Entity Name: ANNETTE ANDERSON MINISTRIES INC.

Current Principal Place of Business:

3451 N.W. 207TH ST.
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

3451 N.W. 207TH ST.
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 65-0946290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, ANNETTE
3451 N.W. 207TH ST.
OPA LOCKA, FL 33056 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: ANDERSON, ANNETTE
Address: 3451 N.W. 207TH ST.
City-St-Zip: OPA LOCKA, FL 33056

Title: TD () Delete
Name: WALKER, CAROLYN
Address: 3451 N.W. 207TH ST.
City-St-Zip: OPA LOCKA, FL 33056

Title: SD () Delete
Name: HARRIS, WILLIE H
Address: 18005 N.W. 44TH COURT
City-St-Zip: OPA LOCKA, FL 33055

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:

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: ANNETTE ANDERSON

PD

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date