

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006546

FILED
May 24, 2009
Secretary of State

Entity Name: SEQUEL MINISTRIES, INC.

Current Principal Place of Business:

14263 PARADISE TREE DR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781106
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-3605741 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:

Name and Address of New Registered Agent:

FISHTER, DONNA
14263 PARADISE TREE DR
ORLANDO, FL 32828 US

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: D () Delete
Name: PILKINGTON, SCOTT
Address: 2820 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: FISHTER, DONNA
Address: P.O. BOX 781106
City-St-Zip: ORLANDO, FL 32878

Title: D () Delete
Name: COPELAND, KAREN
Address: 2417 SOUTHERN HILLS CT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: DAVIS, MARCIA
Address: 4122 SUNNYBROOK CT.
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, MARCIA
Address: 4122 SUNNYBROOK CT
City-St-Zip: ORLANDO, FL 32820

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: DONNA FISHTER

D

05/24/2009

Electronic Signature of Signing Officer or Director

Date