

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N99000006643

Entity Name: DUNAMIS COMMUNITY & OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1079 MATANZAS STREET
LAKE HELEN, FL 32744 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 292
CASSADAGA, FL 32706 US

New Mailing Address:

FEI Number: 59-3610107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRO, JOHN A REV
1205 OLD ENTERPRISE ROAD
LAKE HELEN, FL 32744 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: TR () Delete
Name: EPSTEIN, BRUCE REV
Address: 2722 WINDSOR HEIGHTS STREET
City-St-Zip: DELTONA, FL 32738 US

Title: PTR () Delete
Name: FERRO, JOHN A REV
Address: 1205 OLD ENTERPRISE ROAD
City-St-Zip: LAKE HELEN, FL 32744 US

Title: STR () Delete
Name: FERRO, ANN MRS.
Address: 1205 OLD ENTERPRISE ROAD
City-St-Zip: LAKE HELEN, FL 32744 US

Title: TTR () Delete
Name: STINE, SUSAN MRS.
Address: 840 MACY AVE.
City-St-Zip: LAKE HELEN, FL 32744 US

Title: TR () Delete
Name: KNOBLOCK, WILLIAM
Address: 961 OTHELLO
City-St-Zip: DELTONA, FL 32725 US

Title: TR (X) Delete
Name: BRANTON, BONNIE REV
Address: 894 MACY AVE.
City-St-Zip: LAKE HELEN, FL 32744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STR (X) Change () Addition
Name: CHRISTENSON, KIM MS.
Address: 830 AIRPORT RD.#113
City-St-Zip: PORT ORANGE, FL 32128 US

Title: TTR (X) Change () Addition
Name: EPSTEIN, DEBBIE MRS.
Address: 2722 WINDSOR HEIGHTS ST.
City-St-Zip: DELTONA, FL 32738 US

Title: TR (X) Change () Addition
Name: HOWARD, ANGIE MS.
Address: 1034 TOMPKINS AVE.
City-St-Zip: PORT ORANGE, FL 32129 US

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: REV. JOHN A. FERRO

PTR

04/14/2009

Electronic Signature of Signing Officer or Director

Date