

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 17, 2009  
Secretary of State**

DOCUMENT# N99000007108

Entity Name: S.B.N.A. MINISTRIES, INC.

**Current Principal Place of Business:**

420 NE 142ND STREET  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

420 NE 142ND STREET  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 65-0967322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MARCHAND, LUNA M  
420 NE 142 STREET  
NORTH MIAMI, FL 33161      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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: GUSTAVE OMEGA, ROUDIE  
Address: 8465 PHOENICIAN CT  
City-St-Zip: DAVIE, FL 33328

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

Title: VC      ( ) Delete  
Name: DORCELUS, LUCIENNE  
Address: 2448 WILEY CT  
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: AD      ( ) Delete  
Name: ALUSMA, LOURDES  
Address: 1235 NE 118 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33161

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

Title: ST      ( ) Delete  
Name: OFFREY, CLAUDIE  
Address: 2137 HAYER STREET #14  
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: PROD      ( ) Delete  
Name: MOMPLAISIR, MARIE CARMEL  
Address: 20310 NE 12 CT  
City-St-Zip: MIAMI, FL 33179

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

Title: LT      ( ) Delete  
Name: THIROGENE, EDWIN  
Address: 2201 S SHERMAN CIRCLE # D301  
City-St-Zip: MIRAMAR, FL 33025

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: LUNA M. MARCHAND

RA

06/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date