

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098350

FILED  
May 03, 2009  
Secretary of State

Entity Name: LARUE MINISTRIES, INC.

**Current Principal Place of Business:**

13829 DANIELS LANDING CIR  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 609105  
ORLANDO, FL 32860 US

**New Mailing Address:**

FEI Number: 20-1424836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD, LARUE L PRES/D  
13829 DANIELS LANDING CIR  
WINTER GARDEN, FL 34787 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D,P      ( ) Delete  
Name: HOWARD, LARUE PRES/D  
Address: 13829 DANIELS LANDING CIR  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D      ( ) Delete  
Name: HOWARD, MARVETTE  
Address: 13829 DANIELS LANDING CIR  
City-St-Zip: ORLANDO, FL 34787

Title: D      ( ) Delete  
Name: DICICCIO, LOU  
Address: PO BOX 609105  
City-St-Zip: ORLANDO, FL 32860

Title: D      ( ) Delete  
Name: MCCULLUM, JEAN  
Address: 204 COROLLA  
City-St-Zip: JACKSONVILLE, NC 28546

Title: D      ( ) Delete  
Name: HALE, OUIDA  
Address: 9481 LAKEVIEW RD  
City-St-Zip: UNION CITY, GA 30291

Title: T      ( ) Delete  
Name: TOSSIE, SHYDONNA S  
Address: 97 BOSTON AVE  
City-St-Zip: OVIEDO, FL 32765

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARUE HOWARD

PRES

05/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date