

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11374

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KIRK & PATTI MINISTRIES, INC.

**Current Principal Place of Business:**

405 PLUMOSA DR.(SANFORD, FL.)  
P.O. BOX 520106  
LONGWOOD, FL 327520106

**New Principal Place of Business:**

405 PLUMOSA DR.(SANFORD, FL.)  
SANFORD, FL 32771

**Current Mailing Address:**

405 PLUMOSA DR.(SANFORD, FL.)  
P.O. BOX 520106  
LONGWOOD, FL 327520106

**New Mailing Address:**

FEI Number: 42-1182254      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LYTLE, KIRK  
405 PLUMOSA DR.  
SANFORD, FL 32771      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: PTD ( ) Delete  
Name: LYTLE, KIRK  
Address: 405 PLUMOSA DR.  
City-St-Zip: SANFORD, FL

Title: TVD ( ) Delete  
Name: LYTLE, PATTI  
Address: 405 PLUMOSA DR.  
City-St-Zip: SANFORD, FL

Title: T ( ) Delete  
Name: KOSKEY, VALERIE  
Address: 405 PLUMOSA DR  
City-St-Zip: SANFORD, FL 32771

**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: KIRK LYTLE

PTD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date