

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007824

FILED  
Sep 04, 2009  
Secretary of State

Entity Name: BLESSED EVENTS MINISTRIES, INC.

**Current Principal Place of Business:**

4077 GREYSTONE DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 260116  
TAMPA, FL 33685

**New Mailing Address:**

205 CLINTON AVE #4B  
BROOKLYN, NY 11205

FEI Number: 26-3197602      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:**

TAYLOR, CAROL Y DR.  
1008 SE 3RD STREET  
APT. B  
DEERFIELD BEECH, FL 33441 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: CEO ( ) Delete  
Name: HINDS, NEWTON A JR.  
Address: 2421 CEDAR SWAMP RD  
City-St-Zip: BROOKVILLE, NY 11545

Title: VP ( ) Delete  
Name: BOWER, ANN MARIE R  
Address: 4077 GREYSTONE DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: CARR, CLEMENT C  
Address: 4077 GREYSTONE DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Delete  
Name: TAYLOR, CAROL Y DR.  
Address: 1008 SE 3RD STREET  
City-St-Zip: DEERFIELD BEECH, FL 33441

Title: D (X) Delete  
Name: BOONE, EMILY B  
Address: 205 CLINTON AVENUE #4B  
City-St-Zip: BROOKLYN, NY 11205

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

Title: CEO (X) Change ( ) Addition  
Name: HINDS, NEWTON A JR.  
Address: 205 CLINTON AVE 4B  
City-St-Zip: BROOKLYN, NY 11205

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

Title: VP (X) Change ( ) Addition  
Name: BOONE, EMILY B  
Address: 205 CLINTON AVE  
City-St-Zip: BROOKLYN, NY 34711

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: NEWTON A HINDS JR

CEO

09/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date