

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819880

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SUDAN INTERIOR MISSION INC.

**Current Principal Place of Business:**

14830 CHOATE CIR  
CHARLOTTE, NC 28273

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7900  
CHARLOTTE, NC 28241

**New Mailing Address:**

FEI Number: 22-1936391      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WINSOR, GARTH  
4114 NIGERIA RD.  
SEBRING, FL 33872      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: D      ( ) Delete  
Name: TOBELMANN, JOHN  
Address: 4319 RUNABOUT LANE  
City-St-Zip: FAIRFAX, VA 22030

Title: D      ( ) Delete  
Name: ARCHER, ELLIOTT  
Address: 14947 MERCURY COURT  
City-St-Zip: CARMEL, IN 46032

Title: T      ( ) Delete  
Name: SALLOUM, GEORGE  
Address: 1332 SEAMIST DRIVE  
City-St-Zip: MATTHEWS, NC 28105

Title: S      ( ) Delete  
Name: BLEES, ROBERT  
Address: 1206 MOLOKAI DRIVE  
City-St-Zip: TEGA CAY, SC 29715

Title: D      ( ) Delete  
Name: ELY, FRED  
Address: 4900 BROKEN SADDLE LN  
City-St-Zip: CHARLOTTE, NC 282265817

Title: P      ( ) Delete  
Name: STRAUSS, STEVE  
Address: 3086 POINT CLEAR DRIVE  
City-St-Zip: TEGA CAY, SC 29708

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

SIGNATURE: GEORGE SALLOUM

CFO

03/20/2009

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

\_\_\_\_\_  
Date