

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# F06000006165

Entity Name: MORRISON MINISTRIES, INC.

Current Principal Place of Business:

28 HIDDEN HARBOR
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

PO BOX 6400
DESTIN, FL 325506400

New Mailing Address:

FEI Number: 58-2080295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, TOM
28 HIDDEN HARBOR
DESTIN, FL 32550 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: CP () Delete
Name: MORRISON, TOM
Address: 28 HIDDEN HARBOR
City-St-Zip: DESTIN, FL 32550

Title: VST () Delete
Name: MORRISON, DIANE S
Address: 28 HIDDEN HARBOR
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: PISCOPO, JERRY
Address: 28491 UTICA RD
City-St-Zip: ROSEVILLE, MI 48066

Title: D () Delete
Name: WEIDNER, NANCY DR.
Address: 1700 TAINTER ST.
City-St-Zip: MENOMONIE, WI 54751

Title: D () Delete
Name: WEIDNER, LANCE DR.
Address: 1700 TAINTER ST.
City-St-Zip: MENOMONIE, WI 54751

Title: D () Delete
Name: GAY, SANDRA DR.
Address: 955 BEARCREEJ DR.
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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: TOM MORRISON

CP

04/02/2008

Electronic Signature of Signing Officer or Director

_____ Date