

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004554

FILED
Apr 30, 2009
Secretary of State

Entity Name: MATCH POINT MINISTRIES, INC.

Current Principal Place of Business:

4055 BIRCHWOOD DR
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

4055 BIRCHWOOD DR
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-0000185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOHN P
2499 GLADES RD
STE 305A
BOCA RATON, FL 33431 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: WILLIAMS, SCOTT
Address: 4055 BIRCHWOOD DR
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: FITZWILLIAM, RYAN
Address: 65 DEER CREEK ROAD, #H109
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: HEIDGERD, FREDERICK C
Address: 600 HILLSBORO BLVD., SUITE 520
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: MILLER, JOHN P
Address: 2499 GLADES ROAD, SUITE 305A
City-St-Zip: BOCA RATON, FL 33431

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:

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: SCOTT C. WILLIAMS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date