

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009891

FILED
Apr 09, 2007
Secretary of State

Entity Name: MEET THE NEED MINISTRIES, INC.

Current Principal Place of Business:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 01-0761710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JAMES H
15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556 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: HILL, ROBBIN
Address: 231 A COLUMBIA DR
City-St-Zip: TAMPA, FL 33606 US

Title: P () Delete
Name: MORGAN, JAMES H
Address: 15020 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: VALDES, OTHONIEL
Address: 1060 WEST BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33612 US

Title: D () Delete
Name: BERNARD, DANIEL
Address: 2111-B 34TH WAY NORTH
City-St-Zip: LARGO, FL 33771 US

Title: D () Delete
Name: GOMEZ, JOSE
Address: 6301 MEMORIAL HIGHWAY, SUITE 102
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: STAMPER, ALAN
Address: 2878 ENISGROVE DR
City-St-Zip: PALM HARBOR, FL 34683

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: D (X) Change () Addition
Name: BERNARD, DANIEL
Address: 2140 RANGE ROAD
City-St-Zip: CLEARWATER, FL 33765 US

Title: D (X) Change () Addition
Name: GOMEZ, JOSE
Address: 6702 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES H MORGAN

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date