2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# N02000009891

Entity Name: MEET THE NEED MINISTRIES, INC.

Current Principal Place of Business:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Principal Place of Business:

7853 GUNN HIGHWAY
#254
TAMPA, FL 33626

Current Mailing Address:

15020 ARBOR HOLLOW DRIVE
ODESSA, FL 33556

New Mailing Address:

7853 GUNN HIGHWAY
#254
TAMPA, FL 33626

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:	2140 RANGE ROAD	
City-St-Zip:	CLEARWATER, FL 33765 US	
Title:	D	( ) Delete
Name:	GOMEZ, JOSE	
Address:	6702 WEST LINEBAUGH AVENUE	
City-St-Zip:	TAMPA, FL 33626	
Title:	D	(X) 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:	( ) 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: JAMES H MORGAN P 04/04/2008
Electronic Signature of Signing Officer or Director — Date