

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009664

FILED
Sep 01, 2007
Secretary of State

Entity Name: PENIEL MISSIONARY INC.

Current Principal Place of Business:

1500 TIFFANY CLUB PLACE
1577
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 853
PORT SALERNO,, FL 34992 US

New Mailing Address:

FEI Number: 20-8234247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMADRID, ALEX
8320 W. SUNRISE BLVD
202A
PLANTATION, FL 33322 US

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: PD () Delete
Name: AUGUSTIN, NELLIE
Address: 1500 TEFFANY CLUB PLACE, APT 1577
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Delete
Name: ADHEMAR, JOHN KERBY
Address: 1500 TIFFANY CLUB PLACE, APT. 1577
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SD () Delete
Name: LAMBERT, CLEOMIE
Address: 8681 NW 29 ST.
City-St-Zip: LAUDERDALE LAKES, FL 34952 US

Title: D () Delete
Name: FENELUS, JESSICA
Address: 1732 SE LOREN ST.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: AUGUSTIN, AMELIE
Address: D1500 TIFFANY CLUB PLACE - APT 1577
City-St-Zip: PORT ST. LUCIE, FL 34952

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:

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: NELLIE AUGUSTINE

PD

09/01/2007

Electronic Signature of Signing Officer or Director

Date