

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007376

FILED
Jan 19, 2008
Secretary of State

Entity Name: MEHERAT YERGA MINISTRIES, INC.

Current Principal Place of Business:

5108 BURNSIDE CT.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5108 BURNSIDE CT.
TAMPA, FL 33624

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YERGA, MEHERAT
5108 BURNSIDE CT.
TAMPA, FL 33624 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: P () Delete
Name: YERGA, MEHERAT PASTOR
Address: 5108 BURNSIDE CT.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BROWN, JOE PASTOR
Address: 18510 OTTERWOOD AVE.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: FLOR, MARILOU
Address: 5108 BURNSIDE CT.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: VERUASA, ELIZABETH
Address: 9430 LARKBUNTING DR.
City-St-Zip: TAMPA, FL 33647

Title: TREA () Delete
Name: VERUASA, CATALINO
Address: 9430 LARKBUNTING DR.
City-St-Zip: TAMPA, FL 33647

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: CATALINO VERUASA

_____ Electronic Signature of Signing Officer or Director

TREA

01/19/2008

_____ Date