2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07534

FILED Apr 30, 2009 Secretary of State

Entity Name: THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD, INC.

Name and Address of Current Registered Agent: CUNNINGHAM, CORNELL 8209 MEADOWVIEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent								
FT. MYERS, FL 33912 US Current Mailing Address: P.O. BOX 7082 FORT MYERS, FL 33911 US FEI Number: 59-2490339 FEI Number Applied For () FEI Number Not Applicable () Certificate or Name and Address of Current Registered Agent: CUNNING-HAM, CORNELL 8209 MEADOW/VIEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE 11tle: () Change () A Name: CUNNINGHAM, CORNELL Address: 2029 WINKLER AVE. #1007 Address: City-St-Zip: FT. MYERS, FL 33916 US City-St-Zip: FT. MYERS, FL 33916 US City-St-Zip: FORT MYERS, FL 33916 US City-St-Zip: FORT MYERS, FL 33916 CIty-St-Zip: Title: VD () Delete Name: WASHINGTON VALERIE Address: 6303 BILLYS CREEK DRIVE CITY-St-Zip: FORT MYERS, FL 33916 CITY-St-Zip: GAPT MYERS, FL 33916 CITY-St-Zip: GAPT MYERS, FL 33916 CITY-St-Zip: FORT MYE	ırrent Princ	cipal Place o	of Business:	New Princ	New Principal Place of Business:			
P.O. BOX 7082 FORT MYERS, FL 33911 US FEI Number: 59-2490339 FEI Number Applied For () FEI Number Not Applicable () Certificate or Name and Address of Current Registered Agent: CUNNINGHAM, CORNELL S209 MEADOW/IEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			US	SUITE 113		US		
FEI Number: 59-2490339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNNINGHAM, CORNELL SIGNATURE: Electronic Signature of Registered Agent Dat	ırrent Maili	ing Address	::	New Maili	New Mailing Address:			
Name and Address of Current Registered Agent: CUNNINGHAM, CORNELL S209 MEADOWVIEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			US					
CUNNINGHAM, CORNELL 3209 MEADOWVIEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Number: 59-	-2490339	FEI Number Applied For ()	i Number Not Appl	icable ()	Certificate of St	atus Desired (X)	
E209 MEADOWVIEW CIRCLE FT. MYERS, FL 33916 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	ıme and Ad	ddress of Cเ	ırrent Registered Agent:	Name and	Address of	New Registered	d Agent:	
In the State of Florida. SIGNATURE:	09 MEADO\	WVIEW CIR	CLE					
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: PD () Delete Title: () Change () A Name: CUNNINGHAM, CORNELL Name: 2929 WINKLER AVE. #1007 City-St-Zip: FT. MYERS, FL 33916 US City-St-Zip: FT. MYERS, FL 33916 US Title: D () Delete Title: () Change () A Name: WASHINGTON, VALERIE Name: WASHINGTON, VALERIE Naddress: 5083 BILLYS CREEK DRIVE City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: VD (X) Change () A Name: CUNNIGHAM, WILLIE M Name: DIAMOND, LARRY Address: 6209 MEADOWVIEW CIR City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: CAPE CORAL, FL 33909 Title: ASD () Delete Name: BROOKS, WINONA Naddress: 3144 BORDEAUX LANE Address: 3144 BORDEAUX LANE City-St-Zip: CLEARWATER, FL 33751 City-St-Zip: CLEARWATER, FL 33759			ubmits this statement for the purpo	se of changing it	ts registered	office or register	ed agent, or both,	
DIFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: PD () Delete Title: () Change () A Address: 2929 WINKLER AVE. #1007 City-St-Zip: FT. MYERS, FL 33916 US Title: D () Delete Title: () Change () A Name: WASHINGTON, VALERIE Address: 5083 BILLYS CREEK DRIVE City-St-Zip: FORT MYERS, FL 33905 Title: VD () Delete Title: VD (X) Change () A Name: CUNNIGHAM, WILLIE M Address: 6209 MEADOWVIEW CIR City-St-Zip: FORT MYERS, FL 33916 Title: ASD () Delete Title: ASD (X) Change () A Name: BROOKS, WINONA Address: 3144 BORDEAUX LANE City-St-Zip: CLEARWATER, FL 33751 Title: D () Delete Title: () Change () A Name: BROOKS, THOMAS Address: 2124 N.E. 25TH STREET City-St-Zip: CLEARWATER, FL 33759 Title: D () Delete Title: () Change () A Name: BROOKS, THOMAS Address: 2124 N.E. 25TH STREET City-St-Zip: CLEARWATER, FL 33759 Title: D () Delete Title: () Change () A Name: BROOKS, THOMAS Address: 2612 SOUTH DRIVE APT 4 City-St-Zip: CLEARWATER, FL 33759 Title: D () Delete Title: () Change () A Name: GOINS, SHARON Name: GOINS, SHARON Title: D () Change () A Name: GOINS, SHARON Title: D () Change () A Name: GOINS, SHARON Name: GOINS, SHARON	GNATURE:							
Title:		Electronic	Signature of Registered Agent			Date		
Name: CUNNINGHAM, CORNELL Address: 2929 WINKLER AVE. #1007 City-St-Zip: FT. MYERS, FL 33916 US City-St-Zip: Title:	OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Name: WASHINGTON, VALERIE Name: Address: 5083 BILLYS CREEK DRIVE Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: VD (X) Change () A Address: City-St-Zip: VD (X) Change () A Address: DIAMOND, LARRY Address: DIAMOND, LARRY Address: 2124 N.E. 25TH STREET City-St-Zip: Common	me: Cl dress: 29	CUNNINGHAM, C 1929 WINKLER	CORNELL AVE. #1007	Name: Address:	() Change ()Additi	ion	
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City-St-Zip: LARGO, FL 33778 City-St-Zip:	me: G0 dress: 13	GOINS, SHARÓN 3185 117TH ST	N NORTH	Name: Address:	() Change ()Additi	ion	

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: DIAMOND, LARRY VD 04/30/2009