

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001827

FILED
Apr 06, 2009
Secretary of State

Entity Name: SIMON MINISTRIES INTERNATIONAL INC

Current Principal Place of Business:

2811 STONEWAY LANE
B
FORT PIERCE,, FL 34982

New Principal Place of Business:

6105 NW WILD COTTON WAY
PORT ST LUCIE, FL 34986

Current Mailing Address:

2811 STONEWAY LANE
B
FORT PIERCE,, FL 34982

New Mailing Address:

6105 NW WILD COTTON WAY
PORT ST LUCIE, FL 34986

FEI Number: 26-2023983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, GERALDINE
2811 STONEWAY LANE
B
FORT PIERCE,, FL 34982 US

Name and Address of New Registered Agent:

SIMON, GERALDINE
6105 NW WILD COTTON WAY
PORT ST LUCIE, FL 34986 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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, GERALDINE
Address: 2811-B STONEWAY LANE
City-St-Zip: FORT PIERCE,, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMON, GERALDINE
Address: 6105 NW WILD COTTON WAY
City-St-Zip: PORT ST LUCIE, FL 34986

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: GERALDINE SIMON

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date