## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11086

FILED Jan 30, 2007 Secretary of State

Entity Name: MISSIONARIES OF THE POOR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11534 SW 127 COURT MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 11534 SW 127 COURT MIAMI, FL 33186 FEI Number: 59-2824556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIN, JUNE 11534 SW 127 COURT MIAMI, FL 33186 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HO LUNG, RICHARD Name: Name: 11534 SW 127 COURT Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition WASHINGTON, GRACE Name: Name: Address: 205 ARBOR LANE Address: City-St-Zip: FRANKLIN, NC 28734 City-St-Zip: Title: () Delete Title: () Change () Addition KULANDAIRAJ, AMBROSE Name: Name: 11534 SW 127 COURT Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: S/D ( ) Delete Title: () Change () Addition Name: DEBAUN, STEPHEN Name: 3758 LAVISTA ROAD, #100 Address: Address: City-St-Zip: TUCKER, GA 30084 City-St-Zip: Title: Title: () Delete () Change () Addition KERR, BRIAN Name: Name: 11534 SW 127 COURT Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN H. DEBAUN S/D 01/30/2007