

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11086

FILED
Feb 09, 2009
Secretary of State

Entity Name: MISSIONARIES OF THE POOR, INC.

Current Principal Place of Business:

11534 SW 127 COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11534 SW 127 COURT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2824556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, JUNE
11534 SW 127 COURT
MIAMI, FL 33186 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/D () Delete
Name: HO LUNG, RICHARD
Address: 11534 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

Title: VP/D () Delete
Name: WASHINGTON, GRACE
Address: 205 ARBOR LANE
City-St-Zip: FRANKLIN, NC 28734

Title: T/D () Delete
Name: KULANDAIRAJ, AMBROSE
Address: 11534 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

Title: S/D () Delete
Name: DEBAUN, STEPHEN
Address: 3758 LAVISTA ROAD, #100
City-St-Zip: TUCKER, GA 30084

Title: D () Delete
Name: KERR, BRIAN
Address: 11534 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

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: STEPHEN H. DEBAUN

S/D

02/09/2009

Electronic Signature of Signing Officer or Director

Date