2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N11086

Entity Name: MISSIONARIES OF THE POOR, INC.

Current Principal Place of Business:

14470 SMITH SUNDY RD
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

14470 SMITH SUNDY RD
DELRAY BEACH, FL 33446

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:

MORRIS, GLORIA
14470 SMITH SUNDY RD
DELRAY BEACH, FL 33446 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:	HO LUNG, RICHARD	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	V	( ) Delete
Name:	MORRIS, GLORIA	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	T	( ) Delete
Name:	KULANDAIRAJ, AMBROSE	
Address:	14550 SW 110 TERR	
City-St-Zip:	MIAMI, FL	
Title:	S	( ) Delete
Name:	CHIN, JUNE	
Address:	2900 NE 45 ST	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	D	( ) Delete
Name:	KERR, BRIAN	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	D	(X) Delete
Name:	WASHINGTON, GRACE,	
Address:	910 SW 88 WAY	
City-St-Zip:	PEMBROKE PINES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P/ D	(X) Change ( ) Addition
Name:	HO LUNG, RICHARD	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	VP/D	(X) Change ( ) Addition
Name:	WASHINGTON, GRACE	
Address:	205 ARBOR LANE	
City-St-Zip:	FRANKLIN, NC 28734	
Title:	T/D	(X) Change ( ) Addition
Name:	KULANDAIRAJ, AMBROSE	
Address:	14550 SW 110 TERR	
City-St-Zip:	MIAMI, FL	
Title:	S/D	(X) Change ( ) Addition
Name:	DEBAUN, STEPHEN	
Address:	3758 LAVISTA ROAD, #100	
City-St-Zip:	TUCKER, GA 30084	
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 for the exemption stated in Section 119.07(3)(i), 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 DEBAUN S/D 04/29/2003

Electronic Signature of Signing Officer or Director — Date