

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000872

FILED
May 05, 2009
Secretary of State

Entity Name: OSS MINISTRY INC.

Current Principal Place of Business:

1807 ADVENTURE PLACE
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

PO BOX 246325
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-0817082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOMPOINT, GUY R
1807 ADVENTURE PLACE
NORTH LAUDERDALE, FL 33068 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOMPOINT, GUY R
Address: 1807 ADVENTURE PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: TV () Delete
Name: MARTIN, GOMEZ
Address: 3340 SW 44TH ST
City-St-Zip: DAVIE, FL 33312

Title: AS () Delete
Name: TELSON, MELISSA
Address: 502 LAKEWOOD DRIVE UNIT 10-C
City-St-Zip: JUPITER, FL 33458

Title: TT () Delete
Name: BLAISE, ALIX
Address: 3215 SW 52ND AVE #54
City-St-Zip: PEMBROKE PARK, FL 33023

Title: AVP () Delete
Name: SAINT-ELOI, SERGE
Address: 4861 NW 15TH STREET
City-St-Zip: POMPANO BEACH, FL 330639299

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: TT (X) Change () Addition
Name: BLAISE, ALIX
Address: 600 S LUNA CT #24
City-St-Zip: HOLLYWOOD, FL 33021

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: ALIX BLAISE

TT

05/05/2009

Electronic Signature of Signing Officer or Director

Date