

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N99000006619

Entity Name: A MISSION FOR SOULS MINISTRY, INC.

Current Principal Place of Business:

10715 S.W. 190 ST.
#115
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

10715 S.W. 190 ST.
#115
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0993365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

EVERETT, BETTY J
5831 S.W. 58 TERR.
MIAMI, FL 33143 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: PD () Delete
Name: MORRIS, MARY R
Address: 11421 S.W. 203RD TERR.
City-St-Zip: MIAMI, FL 33189 US

Title: SD () Delete
Name: MORANT, LINDA
Address: 15384 S.W. 282 ST.
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: EVERETT, BETTY
Address: 5831 S.W. 58TH TERR.
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: MORRIS, MARY
Address: 10715 S.W. 190 ST., #15
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BRUCE, BARBARA
Address: 19761 S.W. 114 AVE., APT. 138
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: CONLEY, TARA L
Address: 173S.W. 106 AVE.
City-St-Zip: PERRINE, FL 33157

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:

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: BETTY EVERETT

D

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date