## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000006172

FILED Mar 02, 2007 Secretary of State

Entity Name: FISHER FOR CHRIST INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** ONE SISSEROU PLACE, 1504 E. BEARSS AVE. LUTZ, FL 33549 US **Current Mailing Address: New Mailing Address:** ONE SISSEROU PLACE, 1504 E. BEARSS AVE. LUTZ, FL 33549 US FEI Number: 20-1523626 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: SMYZER, ROGER 250 SIESTA LANE LARGO, FL 33770 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LUCCEUS, MIREILLE P Name: Name: 3701 CARROLLWOOD PLACE CIRCLE SUITE 104 Address: Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: Title: () Delete Title: SEC (X) Change ( ) Addition Name: ROSEMOND, EDWARD Name: DORCILIEN, BELIDANIA Address: 1352 VALLEY GROVE DR. Address: 5208 EAST SLIGH AVE City-St-Zip: SEFNER, FL 33584 US City-St-Zip: TAMPA, FL 33617 US Title: () Delete Title: () Change () Addition SMYZER, ROGER Name: Name: Address: 250 SIESTA LANE Address: City-St-Zip: LARGO, FL 33770 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: PIERRE, JOSEPH P Address: Address: 6153 ARCADE COURT City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463 US

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: MIREILLE LUCCEUS P 03/02/2007