

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730887

FILED
Mar 19, 2009
Secretary of State

Entity Name: MINISTRIES IN ACTION, INC.

Current Principal Place of Business:

10201 BAHIA DR
STE 10
MIAMI, FL 33189 US

New Principal Place of Business:

10201 BAHIA DR
STE 11
CUTLER BAY, FL 33189 US

Current Mailing Address:

PO BOX 571357
MIAMI, FL 332571357 US

New Mailing Address:

FEI Number: 59-1569112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHARLES O. JR.
1300 NW 167 STREET
MIAMI, FL 33169 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: TD () Delete
Name: MORAN, OSVALDO
Address: 12180 SW 87TH AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: THOMPSON, E WALFORD,
Address: 10201 BAHIA DR STE 10
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: YOUNG, CRAIG G
Address: 19655 SW 119TH PLACE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: EVELYN, PETER
Address: 551 DIPLOMAT CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: CAMPBELL, MICHAEL
Address: 175 MONTBROOK DR
City-St-Zip: JACKSON, MS 39206

Title: D () Delete
Name: FRASER, LEWIS
Address: 7290 SW 168TH STREET, STE.G
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: THOMPSON, E WALFORD,
Address: 10201 BAHIA DR STE 11
City-St-Zip: CUTLER BAY, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: KERN, JAMES W
Address: 15725 SW 188TH STREET
City-St-Zip: MIAMI, FL 33187 US

Title: D (X) Change () Addition
Name: VASALLO, CHRISTOPHER D
Address: 12394 SW 82ND AVE
City-St-Zip: PINECREST, FL 33156 US

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: E. WALFORD THOMPSON

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date