2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 731986

Entity Name: METROPOLITAN MINISTRIES, INC.

Current Principal Place of Business:

2002 N. FLA. AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2002 N. FLA. AVENUE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-1477007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARKS, TIM COO
2002 NORTH FLORIDA AVENUE
TAMPA, FL 33602 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:	HINTZMAN, MORRIS E	
Address:	2002 N. FLORIDA AVE	
City-St-Zip:	TAMPA, FL 33602	
Title:	VC	( ) Delete
Name:	VAN PETTEN, MICHAEL	
Address:	100 N TAMPA ST	
City-St-Zip:	TAMPA, FL 33602	
Title:	C	( ) Delete
Name:	HARRELL, C. STAN	
Address:	3225 S. MACDILL AVE., STE 126-255	
City-St-Zip:	TAMPA, FL 33629	
Title:	COO	( ) Delete
Name:	MARKS, TIM	
Address:	2002 N. FLORIDA AVE.	
City-St-Zip:	TAMPA, FL 33602	
Title:	S/T	( ) Delete
Name:	CORNETT, THOMAS P	
Address:	4110 W SANTIAGO ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	CFO	( ) Delete
Name:	SIGNORE, PHIL	
Address:	2002 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PO	(X) Change ( ) Addition
Name:	LONG, CHRISTINE	
Address:	2002 N. FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	CORNETT, THOMAS P	
Address:	4110 W SANTIAGO ST	
City-St-Zip:	TAMPA, FL 33629	
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: PHIL SIGNORE CFO 04/03/2009

Electronic Signature of Signing Officer or Director — Date