

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760189

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** MEN OF VALOUR MINISTRIES INCORPORATED

**Current Principal Place of Business:**

4004 LAKE IDA RD  
DELRAY BCH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

4004 W. LAKE IDA RD.  
DELRAY BCH, FL 33445 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MCCLURE, REV. MICHAEL L.  
4845 LINCOLN RD.  
DELRAY BEACH, FL 33445 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: MCCLURE, MICHAEL L.,  
Address: 4845 LINCOLN RD.  
City-St-Zip: DELRAY BCH, FL

Title: SD ( ) Delete  
Name: MCCLURE, CATHERINE K.,  
Address: 4845 LINCOLN RD.  
City-St-Zip: DELRAY BCH, FL

Title: VD ( ) Delete  
Name: CUSHMAN, MICHAEL E.,  
Address: 24 CEDAR SUMMIT WY  
City-St-Zip: FOUNTAIN INN, SC 29644

**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:

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: REV. MICHAEL L.MCCLURE

P/D

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date