



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 763473 1. Entity Name THE ASSOCIATION OF MENNONITE MINISTRIES, INC.	
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Principal Place of Business 30695 SW 162 AVE. MIAMI, FL 33033	Mailing Address 30695 SW 162 AVE. MIAMI, FL 33033
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03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2252625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESS, DICK
 32125 SW 200 CT
 HOMESTEAD, FL 33030

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GOERTZ, CHARLES 966 S. BLUEBIRD LN. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HESS, DICK 32125 SW 200 CT. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BALZEY, GLENN 3125 FRANKLIN DENVER, CO 80205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/17/07-80053-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Dick Hess DICK HESS 4-18-07 248-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #