## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006346

FILED Mar 22, 2007 Secretary of State

Entity Name: MENTORING FOR MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7091 GOLF COLONY CT #203 LAKE WORTH, FL 33467			#203		
			LAKE WORTH, FL 3	LAKE WORTH, FL 33467	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7091 GOLF COLONY CT #203 LAKE WORTH, FL 33467			#203		
FFI No	44 0400000	FFI Novel on Applied For ( )	LAKE WORTH, FL		
FEI Numbe	r: 11-3496362	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
ABRAMSON, ROBERT 7091 GOLF COLONY CT #203 LAKE WORTH, FL 33467 US			7091 GOLF ĆOLON #203	ABRAMSON, ROBERT 7091 GOLF COLONY CT #203 LAKE WORTH, FL 33467 US	
	e named entity : te of Florida.	submits this statement for the	·	red office or registered agent, or both	
SIGNATU	IRE:			03/22/2007	
	Electror	nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
			Title:	( ) Change ( ) Addition	
Name: Nddress:	ABRAMSON, R	DLONY CT #203	Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	ABRAMSON, R 7091 GOLF CO LAKE WORTH, VCVP ( ) ABRAMSON, N	OBERT DLONY CT #203 FL 33467 Delete ANCY DLONY CT #203	Name: Address:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	ABRAMSON, R 7091 GOLF CO LAKE WORTH, VCVP ABRAMSON, N 7091 GOLF CO LAKE WORTH, ST ABRAMSON, N	OBERT DLONY CT #203 FL 33467  ) Delete ANCY DLONY CT #203 FL 33467  ) Delete ANCY	Name: Address: City-St-Zip: Title: Name: Address:		

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: NANCY ABRAMSON VCVP 03/22/2007