

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005261

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: ROHI MINISTRIES INC

**Current Principal Place of Business:**

1320 LAKE AVE APT 209  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13693  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 20-5326225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLEHI, GLADYS U  
1320 LAKE AVE APT 209  
TALLAHASSEE, FL 32310 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: DP  
Name: OLEHI, GLADYS U  
Address: 1320 LAKE AVE APT 209  
City-St-Zip: TALLAHASSEE, FL 32310

Title: CEO  
Name: OLEHI, GLADYS U  
Address: 1320 LAKE AVE APT 209  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  
Name: AGOM-EZE, UDICHINYERE  
Address: 410 SOMERSET CLUB DR SE  
City-St-Zip: CARTERSVILLE, GA 30121

Title: D  
Name: OLEHI, ONYEDIKACHI  
Address: 4901 MARTINS FARM DR  
City-St-Zip: POWERSPRINGS, GA 30127

Title: D  
Name: PIERRE-ANTOINE, ONYINYENGOZI  
Address: 4901 MARTINS FARM DR  
City-St-Zip: POWERSPRINGS, GA 30127

Title: D  
Name: OLEHI, EZE  
Address: 4901 MARTINS FARM DR  
City-St-Zip: POWERSPRINGS, GA 30127

I hereby 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 all other like empowered.

SIGNATURE: GLADYS OLEHI

DP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date