

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005261

FILED
Mar 14, 2011
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:

PO BOX 13693
TALLAHASSEE, FL 32317 US

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 US

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

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

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

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

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

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: UDOCHINYERE AGOM-EZE

D

03/14/2011

Electronic Signature of Signing Officer or Director

Date