2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# F96000005233

Entity Name: MESSIANIC ISRAEL MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 700217
ST. CLOUD, FL 34770

New Principal Place of Business:

176 HARWOOD CIRCLE
KISSIMMEE, FL 34744

Current Mailing Address:

P.O. BOX 700217
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 25-1418897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOTTEN, ANGUS E
176 HARWOOD CIRCLE
KISSIMMEE, FL 34744 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:	CPTD	( ) Delete
Name:	WOOTTEN, ANGUS E	
Address:	176 HARWOOD CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	CVSD	( ) Delete
Name:	WOOTTEN, BATYA R	
Address:	176 HARWOOD CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	BAUMGRATZ, TRACI W	
Address:	33 BALIS DRIVE	
City-St-Zip:	KINGS PARK, NY 11754	
Title:	D	( ) Delete
Name:	HARRIS, HALE	
Address:	23 PARKDALE COURT	
City-St-Zip:	FORT SMITH, MT 59035	
Title:	D	( ) Delete
Name:	DIFFENDERFER, SCOTT	
Address:	361 KENNYS BEND LANE	
City-St-Zip:	CARTHAGE, TN 37030	

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:	
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 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: ANGUS E. WOOTTEN PRES 05/01/2007

Electronic Signature of Signing Officer or Director — Date