

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000572

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: KHAW-ROOTS MINISTRIES INC.

**Current Principal Place of Business:**

6024 WASHINGTON ST.  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6024 WASHINGTON ST.  
HOLLYWOOD, FL 33023

**New Mailing Address:**

FEI Number: 65-0978487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANCIS, RUDOLPH  
112 SW 22 AVE  
FT LAUDERDALE, FL 33312 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: D ( ) Delete  
Name: FRANCIS, RUDOLPH  
Address: 4750 NW 22ND CT #320  
City-St-Zip: LAUDERHILLS, FL 33313

Title: D ( ) Delete  
Name: FRANCIS, YVONNETTE  
Address: 4750 NW 22NDCT. #320  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: PLUMMER, ESTHER  
Address: 3531 INVERRARY DRIVE  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: MALCOM, SHERENA  
Address: 112 SW 22 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

**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:

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: RUDOLPH FRANCIS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date