

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001730

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: MAGGARD MIGRANT MINISTRIES, INC.

## Current Principal Place of Business:

% PLYMOUTH CONGREGATIONAL CHURCH  
3400 DEVON ROAD  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

% PLYMOUTH CONGREGATIONAL CHURCH  
3400 DEVON ROAD  
COCONUT GROVE, FL 33133

## New Mailing Address:

8923 S W 67 AVE.  
MIAMI, FL 33156 US

FEI Number: 65-1041085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGGARD, ARVIN  
8923 SW 67 AVE  
MIAMI, FL 33156 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: NIBLOCK, THOMAS  
Address: 3400 DEVON ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: P ( ) Delete  
Name: MAGGARD, ARVIN  
Address: 8923 SW 67TH AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete  
Name: MAGGARD, HELEN  
Address: 8923 SW 67TH AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: P ( ) Delete  
Name: GOOD, WILLIAM  
Address: 6515 SW 47 ST.  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: CIPRANO, GARZA  
Address: 101 N.E. 19 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: PHILLIPS, JAMES  
Address: 8225 SW 47TH TERRACE  
City-St-Zip: MIAMI, FL 33155

## 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:

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: ARVIN H. MAGGARD

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date