

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005116

FILED
Jan 26, 2009
Secretary of State

Entity Name: MORE THAN CONQUERORS MINISTRIES AND FAMILY CHURCH INC.

Current Principal Place of Business:

5425 39TH STREET EAST
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

5425 39TH STREET EAST
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 65-1145105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIFE, DALE A
12631 30TH STREET CIRCLE EAST
PARRISH, FL 34219 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: P () Delete
Name: FIFE, DALE A
Address: 12631 30TH STREET CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: S () Delete
Name: FIFE, EUNICE
Address: 12631 30TH STREET CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: FIFE, BRIAN
Address: 6388 GOLDEN EYE GLEN
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: RILEY, TIMOTHY
Address: 25 ROBIN ROAD
City-St-Zip: BURLINGTON, CT 06013

Title: D () Delete
Name: MISSIK, CAROL
Address: 830 ALMA AVENUE
City-St-Zip: HERMITAGE, PA 10148

Title: D () Delete
Name: KERNS, JEFFREY
Address: 902 44TH ST. EAST
City-St-Zip: BRADENTON, FL 34208

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: DALE A, FIFE

P

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date