

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 014 ****70.00

DOCUMENT # N00000005486					
1. Entity Name EUDENE'S MISSION INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business 1714 W WASHINGTON ST ORLANDO, FL 32805			Mailing Address 1714 W WASHINGTON ST (change) ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box # 1710 W. WASHINGTON ST		3. Mailing Address 1710 W. WASHINGTON ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007 Chg-NP CR2E037 (12/06)	
City & State ORLANDO, FL		City & State ORLANDO FL		4. FEI Number 59-3726927	
Zip 32805		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICK, EUDENE B 1805 W WASHINGTON ST ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name: EUDENE BELL HUBBARD Street Address (P.O. Box Number is Not Acceptable): 1710 W. WASHINGTON ST. City: ORLANDO FL Zip Code: 32805		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Eudene B. Hubbard</u> DATE: <u>4-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HUBBARD-FREDERICK, EUDENE B STREET ADDRESS 1710 W. WASHINGTON STREET CITY-ST-ZIP ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HARRELL-CARSON, BETTIE STREET ADDRESS 4957 SIGNAL HILL RD CITY-ST-ZIP ORLANDO, FL 33585	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HARRELL JONES BETTIE STREET ADDRESS 911 N. NOWELL ST. CITY-ST-ZIP ORLANDO FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RACKLEY, RODNEY STREET ADDRESS 14337 BENDING BRANCH CT CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT. NAME PASTOR LAVON HARKINS STREET ADDRESS 13805 HWY 301, SUMTERVILLE, FL 33585 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DE PRADINE, GLORIA-JEAN STREET ADDRESS 550 CONSTITUTION DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GOMEZ, NEBRADO STREET ADDRESS 2032 ARUBA CT CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE GOMEZ NEBRADO NAME 2548 DAVENPORT CIRCLE STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME YOLAINIE PHILIPPE STREET ADDRESS 3428 GATLIN PLACE CIRCLE CITY-ST-ZIP ORLANDO FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Eudene B. Hubbard</u>			4-19-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		