

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001550

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: 911 INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

15929 3RD STREET  
DADE CITY, FL 33525

**New Principal Place of Business:**

13929 3RD STREET  
DADE CITY, FL 33525

**Current Mailing Address:**

15929 3RD STREET  
DADE CITY, FL 33525

**New Mailing Address:**

13929 3RD STREET  
DADE CITY, FL 33525

FEI Number: 59-3706413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BREWTON, WILLIAM F  
13929 3RD STREET  
DADE CITY, FL 33525 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: PD ( ) Delete  
Name: BREWTON, PATRICIA M REV  
Address: 13929 3RD STREET  
City-St-Zip: DADE CITY, FL 33525

Title: VPD ( ) Delete  
Name: RALEY, DAVID C REV  
Address: 6061 KNOLLWOOD DR  
City-St-Zip: DADE CITY, FL 33523

Title: ST ( ) Delete  
Name: BREWTON, WILLIAM F  
Address: 13929 3RD STREET  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: RALEY, MASON D REV  
Address: 2599 SUNRIDGE COURT  
City-St-Zip: ORANGE PARK, FL 32605

Title: D ( ) Delete  
Name: SOLA, DOMINIC REV  
Address: 1029 WIDEVIEW AVE  
City-St-Zip: TARPON SPRINGS, FL 346892141

Title: D ( ) Delete  
Name: MILLER, TROY R  
Address: 4643 CR 118  
City-St-Zip: WILDWOOD, FL 34785

**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: PATRICIA M BREWTON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date