

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003862

FILED
Apr 09, 2009
Secretary of State

Entity Name: EQUIPPING MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

10437 HERITAGE FARMS RD
LAKE WORTH, FL 33449

New Principal Place of Business:

Current Mailing Address:

10437 HERITAGE FARMS RD
LAKE WORTH, FL 33449

New Mailing Address:

1764 NW 88TH WAY
CORAL SPRINGS, FL 33071

FEI Number: 65-1126928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCRAFT, WILLIAM E
2736 NE 19TH ST
FT LAUDERDALE, FL 33305 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: DP () Delete
Name: WARREN, DONALD J
Address: 10437 HERITAGE FARM RD
City-St-Zip: LAKE WORTH, FL 33449

Title: DVS () Delete
Name: WARREN, SUSAN K
Address: 10437 HERITAGE FARM RD
City-St-Zip: LAKE WORTH, FL 33449

Title: D () Delete
Name: ASHCRAFT, WILLIAM E
Address: 2736 NE 19TH ST
City-St-Zip: FT LAUDERDALE, FL 33305

Title: () Delete
Name:
Address:
City-St-Zip:

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: CFO () Change (X) Addition
Name: BRESLIN, WILLIAM
Address: 1764 NW 88 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

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: SUSAN K. WARREN

DVS

04/09/2009

Electronic Signature of Signing Officer or Director

Date