

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004766

FILED
Feb 14, 2007
Secretary of State

Entity Name: MADONNA OF THE POOR MINISTRY, INC.

Current Principal Place of Business:

804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 US

New Mailing Address:

FEI Number: 16-1620831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE-LINN, PEGGY A MS
804 N OLIVE AVE SECOND FL
W PALM BCH, FL 33401 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: PROFETA, SALVATORE FR.
Address: 500 OAK SHADOW WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: T () Delete
Name: NOOUGA, DIEUOHNE
Address: 1782 ABBEY ROAD, APT. 101
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: S () Delete
Name: ROWE-LINN, PEGGY A MS
Address: 804 N. OLIVE AVE., SECOND FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ASBECK, JOSEPH MR.
Address: 252 PLEASANT WOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: VP () Delete
Name: MADONNA, GREGORY MR.
Address: 1330 SUGAR PLUM DRIVE
City-St-Zip: BOCA RATON, FL 33486 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PEGGY ROWE-LINN

S

02/14/2007

Electronic Signature of Signing Officer or Director

Date