

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01816

FILED
Feb 07, 2009
Secretary of State

Entity Name: MISSIONARY COMPANION MINISTRIES, INC.

Current Principal Place of Business:

1104 SOUTH TAYLOR RD
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

1857 PENROSE DR
FAYETTEVILLE, NC 28304 US

New Mailing Address:

FEI Number: 59-2348290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKERS, JAMES M
1104 SOUTH TAYLOR RD
SEFFNER, FL 33584 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: RASMUSSEN, DON,
Address: 1857 PENROSE DR
City-St-Zip: FAYETTEVILLE, NC 28304

Title: D () Delete
Name: CLARKE, WILLIAM,
Address: 611 FAIRWAY COURT
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: LOONEY, TONY,
Address: 1512 N.W. 10TH AVENUE
City-St-Zip: CAMAS, WA 98607

Title: D () Delete
Name: COTTEN, MICHAEL
Address: 4416 GRIP DR
City-St-Zip: FAYETTEVILLE, NC 28312

Title: D () Delete
Name: AKERS, JAMES M
Address: 1104 SOUTH TAYLOR RD
City-St-Zip: SEFFNER, FL 33584

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 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: DON M. RASMUSSEN

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date