

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01825

FILED
Mar 17, 2009
Secretary of State

Entity Name: MENORAH MINISTRIES, INC.

Current Principal Place of Business:

3190 GULF TO BAY BLVD
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 669
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2422827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, JOHN
3555 LAKE HIGHLAND DR
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

FISCHER, JOHN RABBI
3555 LAKE HIGHLAND DR
PALM HARBOR, FL 34683 US

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: JOHN FISCHER

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FISCHER, PATRICE
Address: 3555 LAKE HIGHLAND DR
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: FISCHER, JOHN
Address: 3555 LAKE HIGHLAND DR
City-St-Zip: PALM HARBOR, FL 34683

Title: DP () Delete
Name: INGHAM, DOUGLAS
Address: 15432 TOWNHALL RD
City-St-Zip: BOSCOBEL, WI 53805

Title: D () Delete
Name: SANDRA KECK
Address: 1615 COLOMA PL
City-St-Zip: WHEATON, IL 60187

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:

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: JOHN FISCHER

DR.

03/17/2009

Electronic Signature of Signing Officer or Director

Date