

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000512

FILED
Apr 01, 2009
Secretary of State

Entity Name: THE SPECTRUM NETWORK OF MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

6825 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6825 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 74-3028398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAYER, WILLIAM S
6825 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34653 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: STRAYER, WILLIAM S
Address: 8120 MOONLIGHT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD () Delete
Name: BIERWORTH, DANIEL K
Address: 7345 ASMORE DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: BAKER, REBECCA J
Address: 9150 REMINGTON DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: VAN ZYL, JOHANNES
Address: 6825 TROUBLE CREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: CRAVER, BILL
Address: 6825 TROUBLE CREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: SALERNO, ANTHONY D
Address: 6825 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

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: JOHANNES VAN ZYL

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date