2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001475

City-St-Zip:

PLANTATION, FL 33310

Entity Name: KIM NEUHAUS MINISTRIES, INC.

FILED Apr 30, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	IVERSITY DRIVE ION, FL 33324			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P. O. BOX 141 FT. LAUDERDALE, FL 33302		10152 W. INDIANTOWN ROAD SUITE 147 JUPITER, FL 33478		
FEI Number:	: 36-4492463 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
10152 W. I SUITE 147	S, III, JOHN INDIANTOWN ROAD FL 33478 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete NEUHAUS, KIM A 10152 W. INDIANTOWN ROAD, SUITE 147 JUPITER, FL 33478	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete NEUHAUS, JOHN A 10152 W. INDIANTOWN ROAD, SUITE 147 JUPITER, FL 33478	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CARTER, TONYA 4112 NW 88TH AVE., #124 SUNRISE, FL 33351	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BURKE, BENJAMIN 3501 130TH AVENUE DAVIE, FL 33330	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	D () Delete MARSHALL, CHARMAINE 231 NW 49TH AVENUE	Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: KIM A. NEUHAUS D 04/30/2009