

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002731

FILED
Mar 07, 2004
Secretary of State

Entity Name: MIRROR IMAGE MINISTRIES INC.

Current Principal Place of Business:

415 LUND CIRCLE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

415 LUND CIRCLE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ALAN JR.
415 LUND CIRCLE
MELBOURNE, FL 32901

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: PAYNE, ALAN JR.
Address: 1829 AGORA CIR. SE. #2
City-St-Zip: PALM BAY, FL 32909

Title: VD () Delete
Name: PAYNE, GEORGIANNA
Address: 1829 AGORA CIR. SE. #2
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: PAYNE, MYRIA
Address: 1829 AGORA CIR. SE. #2
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: PAYNE, GABRIEL
Address: 1829 AGORA CIR. SE. #2
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: PAYNE, ALAN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

Title: D () Delete
Name: PAYNE, ROBIN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

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 for the exemption stated in Section 119.07(3)(i), 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: ALAN H PAYNE JR

PD

03/07/2004

Electronic Signature of Signing Officer or Director

Date