## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008716

Entity Name: MIGHTY MEN OF GOD, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
BOX 70 ORLANDO	D, FL 32802			
Current Mailing Address:			New Mailing Address:	
PO BOX 7 ORLANDO	0 D, FL 32802			
FEI Number	: 04-3722144	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
390 NORT SUITE 110	H ORANGE /			
The above in the State	e named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	nt	Date
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( FREED, PAUL BOX 70 ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S ( CRAWFORD, 5224 LEMON WINDERMER	TWIST LN	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BARKLEY, GL 255 DOE RUN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( GANDY, PHIL 21210 CAPTIN CORNELIUS,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( COHN, PHIL 7240 FOREST MATTHEWS, I		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( SHAVER, BILI 1990 GARNEF DENTON, NC	RD	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: GLENN BARKLEY T 04/17/2009