

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008716

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** MIGHTY MEN OF GOD, INC.

**Current Principal Place of Business:**

BOX 70  
ORLANDO, FL 32802

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 70  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 04-3722144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

B&C CORPORATE SERVICES OF CENTRAL FL. INC.  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801 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: P  
Name: FREED, PAUL D DR  
Address: BOX 70  
City-St-Zip: ORLANDO, FL 32802

Title: S  
Name: CRAWFORD, PAUL R  
Address: 5224 LEMON TWIST LN  
City-St-Zip: WINDERMERE, FL 34786

Title: T  
Name: BARKLEY, GLENN DR  
Address: 255 DOE RUN DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D  
Name: GANDY, PHIL  
Address: 21210 CAPTIVA CT  
City-St-Zip: CORNELIUS, NC 28031

Title: D  
Name: COHN, PHIL  
Address: 7240 FOREST RIDGE RD  
City-St-Zip: MATTHEWS, NC 28104

Title: D  
Name: FREED, JAMES  
Address: 6185 MOUNTAINWELL DR  
City-St-Zip: ROSWELL, GA 30075

I hereby 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 all other like empowered.

SIGNATURE: GLENN BARKLEY

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04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date