

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009712

FILED
Feb 28, 2008
Secretary of State

Entity Name: G.I. TUFF MINISTRIES INC.

Current Principal Place of Business:

1350 N.W. 183 ST.
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1350 N.W. 183 ST
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 55-0810891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUFF, GINA I
1350 N.W. 183 ST
MIAMI, FL 33169 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: TUFF, GINA I
Address: 1350 N.W. 183 ST
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VD () Delete
Name: TUFF, FREDDY L
Address: 1350 N.W. 183 ST
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: WILLIAMS, DEBORAH
Address: 825 N.E. 212 TERR. #6
City-St-Zip: N.M.B., FL 33179

Title: D () Delete
Name: BRADSHAW, ISHA
Address: 1350 N.W. 183 ST
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: JORDAN, MONIQUE
Address: 17013 N.W. 53 ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: HENRY, RACOLE L
Address: 1720 OPA-LOCKA BLVD
City-St-Zip: OPA-LOCKA, FL 33054

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: D (X) Change () Addition
Name: JORDAN, MONIQUE
Address: 17013 N.W. 53 AVE.
City-St-Zip: CAROL CITY, FL 33056

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: GINA TUFF

PD

02/28/2008

Electronic Signature of Signing Officer or Director

Date