

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009891

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MEET THE NEED MINISTRIES, INC.

## Current Principal Place of Business:

7853 GUNN HIGHWAY  
#254  
TAMPA, FL 33626

## New Principal Place of Business:

## Current Mailing Address:

7853 GUNN HIGHWAY  
#254  
TAMPA, FL 33626

## New Mailing Address:

FEI Number: 01-0761710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, JAMES H  
15020 ARBOR HOLLOW DRIVE  
ODESSA, FL 33556 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 ( ) Delete  
Name: MORGAN, JAMES H  
Address: 15020 ARBOR HOLLOW DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: VALDES, OTHONIEL  
Address: 1060 WEST BUSCH BOULEVARD  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: BERNARD, DANIEL  
Address: 2140 RANGE ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: D ( ) Delete  
Name: GOMEZ, JOSE  
Address: 6702 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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 ( ) Change (X) Addition  
Name: COLLINS, BOB  
Address: 1408 N. WESTSHORE BLVD, SUITE 504  
City-St-Zip: TAMPA, FL 33622

Title: D ( ) Change (X) Addition  
Name: TRELEAVEN, CARL  
Address: 15208 GULF BLVD, #407  
City-St-Zip: MADEIRA BEACH, FL 33708

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: JAMES H MORGAN III

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date