

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000633

FILED
Apr 14, 2009
Secretary of State

Entity Name: MARITIME DISCIPLESHP, INC.

Current Principal Place of Business:

89655 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 89004
TAMPA, FL 33689

New Mailing Address:

FEI Number: 37-1456404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, MARLIN H
243 HIBISCUS STREET
TAVERNIER, FL 33070 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: MAHON, CLIFTON R
Address: P.O. BOX 89004
City-St-Zip: TAMPA, FL 33689

Title: SD () Delete
Name: MAHON, LYNN M
Address: P.O. BOX 89004
City-St-Zip: TAMPA, FL 33689

Title: D () Delete
Name: SIMON, MARLIN H
Address: 243 HIBISCUS ST.
City-St-Zip: TAVERNIER, FL 33070

Title: TD () Delete
Name: HARBAUM, KENNETH
Address: P.O. BOX 367
City-St-Zip: EATON, OH 45320

Title: D () Delete
Name: JONCAS, JOE
Address: 101 NE 35TH ST.
City-St-Zip: NEWPORT, OR 97365

Title: D () Delete
Name: TEETER, OLIE
Address: 12310 TOWN CREEK ROAD
City-St-Zip: FLINTSTONE, MD 21530

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: TEETER, OLIE
Address: 12310 TOWN CREEK ROAD
City-St-Zip: FLINTSTONE, MD 21530

Title: D (X) Change () Addition
Name: HATT, TERRY
Address: 1416 N.BRIDGE ST.
City-St-Zip: LINDEN, MI 48451

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: CLIFTON R. MAHON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date