

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001919

FILED
Mar 20, 2009
Secretary of State

Entity Name: MICHAEL K. BOUIE MINISTRIES, INC.

Current Principal Place of Business:

5125 S.W. 157TH AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

5125 S.W. 157TH AVENUE
MIRAMAR, FL 33027

New Mailing Address:

P.O. BOX 824842
PEMBROKE PINES, FL 33082

FEI Number: 56-2422184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOUIE, MICHAEL K
5125 S.W. 157TH AVENUE
MIRAMAR, FL 33027 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: DP () Delete
Name: BOUIE, PHILIP A
Address: 1902 ABERDEEN AVENUE, S.E.
City-St-Zip: RENTON, WA 98055

Title: DT () Delete
Name: PERRYMAN, SAUNDRA J
Address: 1901 N.W. 5TH PLACE
City-St-Zip: MIAMI, FL 33136

Title: DT () Delete
Name: BOUIE, JAMES E
Address: 154 SMITH-MILLER ROAD
City-St-Zip: ATTAPULGUS, GA 39815

Title: DS () Delete
Name: MITCHELL, TAMIRA V
Address: 5125 SOUTHWEST 157 AVENUE
City-St-Zip: MIRAMAR, FL 33027

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: DS (X) Change () Addition
Name: BOUIE, TAMIRA V
Address: 5125 SOUTHWEST 157 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Change (X) Addition
Name: BOUIE, MICHAEL K
Address: P.O. BOX 824842
City-St-Zip: PEMBROKE PINES, FL 33082

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: TAMIRA V. BOUIE

DS

03/20/2009

Electronic Signature of Signing Officer or Director

Date