

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002645

FILED
Apr 25, 2007
Secretary of State

Entity Name: MIKE BROWN MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1735 S.W. 24TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 32-0074510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, AARON M
9538 HIGHWAY 441
BOYNTON BEACH, FL 33437 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: BROWN, MICHAEL G
Address: 208 N.E. 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: V () Delete
Name: PEPPERS, MICHAEL W
Address: 1742 S.W. 22 TERRACE
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: JOLICOEUR, NANCY
Address: 2044 S.W. 19TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: S (X) Delete
Name: BROWN, THERESA R
Address: 208 N.E. 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/S (X) Change () Addition
Name: BROWN, THERESA R
Address: 208 N.E. 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL G. BROWN

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date