## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002645

FILED Jan 16, 2009 Secretary of State

Entity Name: MIKE BROWN MINISTRIES INTERNATIONAL, INC.

Name and Address of Current Registered Agent:  BROWN, AARON M 9538 HIGHWAY 441 BOYNTON BEACH, FL 33437 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date						
Current Mailing Address:  P.O. BOX 220 OKEECHOBEE, FL 34973  FEI Number: 32-0074510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered A BROWN, AARON M 9538 HIGHWAY 441 BOYNTON BEACH, FL 33437 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A Title: P ( ) Delete Name: BROWN, MICHAEL G Address: City-St-Zip: OKEECHOBEE, FL 34972  Title: V/S ( ) Delete Name: BROWN, THERESA R Address: City-St-Zip: OKEECHOBEE, FL 34972  Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34972  Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: OKEECHOBEE, FL 34974  City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: ( ) Change ( ) Addition Name: Address: City-St-Zip: ( ) Change ( ) Addition Name: Address: City-St-Zip: ( ) Change ( ) Addition Name: Address: City-	Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
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9538 HIGHWAY 441 BOYNTON BEACH, FL 33437 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS A  Title: P () Delete   Title: () Change () Addition   Name: BROWN, MICHAEL G   Name: Address:   City-St-Zip: OKEECHOBEE, FL 34972   City-St-Zip:   Title: V/S () Delete   Title: () Change () Addition   Name: BROWN, THERESA R   Name:   Address: 208 N.E.2ND STREET   Address:   City-St-Zip: OKEECHOBEE, FL 34972   City-St-Zip:   Title: T () Delete   Title: () Change () Addition   Name: JOLICOEUR, NANCY   Name:   Address: 2044 S.W. 19TH LANE   Address:   City-St-Zip: OKEECHOBEE, FL 34974   City-St-Zip:   Title: O () Delete   Title: () Change () Addition   Name: JOLICOEUR, NANCY   Name:   Address: 2044 S.W. 19TH LANE   Address:   City-St-Zip: OKEECHOBEE, FL 34974   City-St-Zip:   Title: O () Delete   Title: () Change () Addition   Name: DAN, SCOTT   Name:   Address: DAN, SCOTT   Name:   Address: DAN, SCOTT   Name:   Address:   Address:	Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
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	Vame: Address:	DAN, SCOTT 110 PRAIRIE		Name: Address:	() Change () Addition	

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 01/16/2009