

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90019 039 ****70.00

DOCUMENT # N03000004529

1. Entity Name
**EQUIPPING THE SAINTS INTERNATIONAL MINISTRIES,
INC.**



Principal Place of Business
**1062 NE 215TH STREET
MIAMI, FL 33179 US**

Mailing Address
**1066 NE 215TH ST
MIAMI, FL 33179 US**

40027986



DO NOT WRITE IN THIS SPACE

02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-2112522

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, FRANCINE
1066 NE 215TH ST
MIAMI, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANNA, JOSEPH R PASTOR
STREET ADDRESS	6127 NW 174TH TERRACE
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	C
NAME	HARDEMON, WILLIE
STREET ADDRESS	1809 N.W. 41ST STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T
NAME	BENING, STEPHEN L
STREET ADDRESS	6810 LEE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	S
NAME	HANNA, FRANCINE
STREET ADDRESS	6127 NW 174TH TERRACE
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	D
NAME	HANNA, JOSEPH H
STREET ADDRESS	1261 NW 171ST STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 (305) 370 4786

Date

Daytime Phone #