

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004529

FILED
Jul 18, 2008
Secretary of State

Entity Name: EQUIPPING THE SAINTS INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1062 NE 215TH STREET
MIAMI, FL 33179 US

New Principal Place of Business:

6102 FILLMORE STREET
HOLLYWOOD, FL 33024 US

Current Mailing Address:

1066 NE 215TH ST
MIAMI, FL 33179 US

New Mailing Address:

6102 FILLMORE STREET
HOLLYWOOD, FL 33024 US

FEI Number: 54-2112522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANNA, FRANCINE
1066 NE 215TH ST
MIAMI, FL 33179 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: HANNA, JOSEPH R PASTOR
Address: 6127 NW 174TH TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: C () Delete
Name: HARDEMON, WILLIE
Address: 1809 N.W. 41ST STREET
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: BENING, STEPHEN L
Address: 6810 LEE ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: S () Delete
Name: HANNA, FRANCINE
Address: 6127 NW 174TH TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: HANNA, JOSEPH H
Address: 1261 NW 171ST STREET
City-St-Zip: MIAMI, FL 33169

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: () 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: JOSEPH R. HANNA

P

07/18/2008

Electronic Signature of Signing Officer or Director

Date