

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008507

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: MONGOLIA MINISTRIES, INC.

## Current Principal Place of Business:

1936 E. VENICE AVE.  
VENICE, FL 34292 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 222 SUITE 240  
3605 SANDY PINES RD.  
MARIETTA, GA 30066

## New Mailing Address:

3605 SANDY PLAINS RD.  
SUITE 240 BOX 222  
MARIETTA, GA 30066

FEI Number: 20-0329110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, GREGORY C ESQ  
341 VENICE AVENUE WEST  
VENICE, FL 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: GUE, PAUL LARRY  
Address: 3605 SANDY PLAINS RD. SUITE 240 BOX 222  
City-St-Zip: MARIETTA, GA 30066

Title: DST ( ) Delete  
Name: GUE, ANN W  
Address: 3605 SANDY PLAINS RD. SUITE 240 BOX 222  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: GUE, PAUL L JR  
Address: 4660 EAST FOREST PEAK  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: SUTTON, DAVID L  
Address: 3954 ANNAPOLIS TERRACE  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: JONES, BRETT  
Address: 548 LAGORCE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: SHATTUCK, CLYDE  
Address: 5965 VIOLA RD.  
City-St-Zip: VENICE, FL 34293

## 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:

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: PAUL LARRY GUE

DP

01/19/2009

Electronic Signature of Signing Officer or Director

Date