2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000009127

Entity Name: MISSIONARIES FOR CHRIST LOCAL AND INTERNATIONAL, INC.

Current Principal Place of Business:

1417 10TH AVE E.
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

1417 10TH AVE E.
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 73-1684032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIPPER, EMMA L
1417 10TH AVE E.
BRADENTON, FL 34208 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:	PD	( ) Delete
Name:	WHIPPER, EMMA L	
Address:	1417 10TH AVE E.	
City-St-Zip:	BRADENTON, FL 34208	
Title:	D	( ) Delete
Name:	ARMSTEAD, WILLIAM M	
Address:	P.O. BOX 601	
City-St-Zip:	BRADENTON, FL 34206	
Title:	VD	( ) Delete
Name:	GREEN, MARY	
Address:	1015 3RD ST EAST	
City-St-Zip:	BRADENTON, FL 34208	
Title:	T	( ) Delete
Name:	MCKINNON, LOLA	
Address:	1010-14TH STREET EAST	
City-St-Zip:	BRADENTON, FL 34208	
Title:	S	( ) Delete
Name:	RENTZ, ANNIE	
Address:	709 12TH STREET DRIVE WEST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	FS	( ) Delete
Name:	HODGES, WILLIE	
Address:	818 128TH STREET NORTHEAST	
City-St-Zip:	BRADENTON, FL 34212	

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: EMMA L. WHIPPER PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date