

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002487

FILED
Feb 22, 2007
Secretary of State

Entity Name: UNITED MINISTRIES INTERNATIONAL INCORPORATED

Current Principal Place of Business:

894 SOUTH US-1
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

936 PALMYRA STREET
JACKSON, MS 39203 US

Current Mailing Address:

P O BOX 560535
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAMES, KING
899 WANDERING PINE TRAIL
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SIMPSON, ROBERT M
609 ORLEANDER STREET
MERRITT ISLAND, FL 32952 US

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: R

02/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, KING
Address: 899 WANDERING PINE TRAIL
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: SIMPSON, ROBERT M
Address: 609 ORLEANDER STREET
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: ADM. () Delete
Name: JAMES, LORETTA E
Address: 899 WANDERING PINE TRAIL
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: EXE () Delete
Name: BOYKINS, BRENDA L
Address: 894 SOUTH US-1
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERT, SIMPSON
Address: 609 ORLEANDER STREET
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VP (X) Change () Addition
Name: ANNIE, JEFFERSON
Address: PO BOX 3047
City-St-Zip: JACKSON, MS 39207 US

Title: ADM. (X) Change () Addition
Name: BOYKINS, BRENDA L
Address: 1056 COLEMAN STREET
City-St-Zip: MELBOURNE, FL 32935 US

Title: EXE (X) Change () Addition
Name: REID, PATRICIA
Address: 386 RAYMOND RD BLDG 50 APT#1
City-St-Zip: JACKSON, MS 39204 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RMS

P

02/22/2007

Electronic Signature of Signing Officer or Director

Date