

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003466

FILED
Feb 17, 2009
Secretary of State

Entity Name: MISSIONARY MINISTRIES, INC.

Current Principal Place of Business:

4196 57 AVE NORTH
ST PETERSBURG, FL 337141133

New Principal Place of Business:

Current Mailing Address:

4020 58 AVE NORTH
ST PETERSBURG, FL 337141133

New Mailing Address:

FEI Number: 27-0087805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, ARTHUR THOMAS
4020 58 AVE NORTH
ST PETERSBURG, FL 337141133 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: WILSON, ARTHUR THOMAS
Address: 4020 58TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: MEJIA, JOHNATHAN
Address: P.O. BOX 025331
City-St-Zip: MIAMI, FL 33102

Title: S () Delete
Name: WILSON, LOIS MRS
Address: 4020 58TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: DT () Delete
Name: WILSON-JAY, FAITH MS
Address: 800 11TH AVE N, APT 109
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LN
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: WYLLYS, JOHN
Address: 4020 58TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33714

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: ARTHUR THOMAS WILSON

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date