2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006172

FILED Jun 23, 2009 Secretary of State

Entity Name: FISHER FOR CHRIST INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2512 LINCOLN STREET HOLLYWOOD, FL 33020 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5577 2512 LINCOLN STREET HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US FEI Number: 20-1523626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SMYZER, ROGER PIERRE, WILFRID 1133 BELLE MEADE ISLAND DR 250 SIESTA LANE LARGO, FL 33770 US MIAMI, FL 33138 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: WILFRID PIERRE 06/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D,P () Change () Addition () Delete LUCCEUS, MIREILLE P Name: Name: 2512 LINCOLN STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: PIERRE, KEDNA Name: Address: 1970 NE 181 STREET Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: Title: (X) Delete Title: () Change () Addition SMYZER, ROGER Name: Name: Address: 250 SIESTA LANE Address: City-St-Zip: LARGO, FL 33770 US City-St-Zip: Title: () Delete Title: () Change () Addition DURAND, CHARLES R Name: Name: 3701 PRESERVE CT APT 207 Address: Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: Title: Title: (X) Delete () Change () Addition TIMOTHE, HENOCK Name: Name: 13460 NW 8TH AV Address: Address: City-St-Zip: NORTH MIAMI, FL 33168 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: MIREILLE P LUCCEUS P 06/23/2009