

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006368

FILED
Aug 14, 2009
Secretary of State

Entity Name: VESSELS OF INTEGRITY & PURITY, INC.

Current Principal Place of Business:

3539 APALACHEE PARKWAY
SUITE 3-144
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

3539 APALACHEE PARKWAY
SUITE 3-144
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 20-1350991 **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 Current Registered Agent:

Name and Address of New Registered Agent:

GAINES, LISA
3539 APALACHEE PARKWAY
SUITE 3-144
TALLAHASSEE, FL 32311 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINES, LISA
Address: 3539 APALACHEE PARKWAY, STE. 3-144
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: GOODE, YOLANDA
Address: 240 HILLTOP DR.
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: PARKER, MICHELENE
Address: 4710 LINCOLN HWY SUITE 143
City-St-Zip: MATTESON, IL 60443

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:

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: LISA GAINES

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date