

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007216

FILED
Jan 20, 2009
Secretary of State

Entity Name: PISHON MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1550 E OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1550 E OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 43-2057567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSLOW, THOMAS C
5200 WIGGINS LAKE RD
WALNUT HILL, FL 32568 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: DP () Delete
Name: WINSLOW, THOMAS S
Address: 5200 WIGGINS LAKE RD
City-St-Zip: WALNUT HILL, FL 32568

Title: DS () Delete
Name: WINSLOW, BARBARA J
Address: 5200 WIGGINS LAKE RD
City-St-Zip: WALNUT HILL, FL 32568

Title: DT () Delete
Name: WEAVER, WESLEY J
Address: 609 DUNDEE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: DB () Delete
Name: NELSON, MARY
Address: 26 MORWOOD LANE
City-St-Zip: ST LOUIS, MO 63141 US

Title: DB () Delete
Name: NASSEF, NAMON
Address: 301 W 9 MILE RD
City-St-Zip: PENSACOLA, FL 32534 US

Title: DB () Delete
Name: VIGLIONE, JOHN
Address: 3986 OMEGA ST
City-St-Zip: PACE, FL 32571 US

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: DB (X) Change () Addition
Name: OFFORD, JAMES
Address: 10307 BRISTOL PARK RD
City-St-Zip: CANTONMENT, FL 32533 US

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: BARBARA WINSLOW

DS

01/20/2009

Electronic Signature of Signing Officer or Director

Date