

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011579

Entity Name: MICHEL MINISTRY INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1001 NE 39TH DRIVE 14 W
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1001 NE 39TH DRIVE 14 W
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 41-2161402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, MICHELET
1001 NE 39TH DRIVE 14 W
OAKLAND PARK, FL 33334 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: MICHEL, MICHELET
Address: 1001 NE 39TH DRIVE 14 W
City-St-Zip: OAKLAND PARK, FL 33334

Title: SEC () Delete
Name: MORITES, PERRIER
Address: 1001 NE 39TH DRIVE 14 W
City-St-Zip: OAKLAND PARK, FL 33334

Title: TRES () Delete
Name: LOSIER, BELONY
Address: 1001 NE 39TH DRIVE 14 W
City-St-Zip: OAKLAND PARK, FL 33334

Title: DIR () Delete
Name: MICHEL, MICHELET
Address: 1001 NE 39TH DRIVE 14 W
City-St-Zip: OAKLAND PARK, FL 33334

Title: DIR () Delete
Name: LOSIER, BERNARD
Address: 3820 NE 10 AVE # W
City-St-Zip: OAKLAND PARK, FL 33334

Title: DIR () Delete
Name: MORITES, PERRIER
Address: 1001 NE 39TH DRIVE 14 W
City-St-Zip: OAKLAND PARK, FL 33334

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: MICHELET MICHEL

DR

04/29/2008

Electronic Signature of Signing Officer or Director

Date