

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04738

FILED
May 13, 2012
Secretary of State

Entity Name: FRANK BURRELLI EVANGELISTIC ASSOCIATION MINISTRIES, INC.

Current Principal Place of Business:

C/O DR. FRANK R. BURRELLI
830 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

C/O DR. FRANK R. BURRELLI
830 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 59-2450167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURRELLI, FRANK DR.
830 SANTA BARBARA BLVD.
CAPE CORAL, FL 33991 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: PD
Name: BURRELLI, FRANK R
Address: 830 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33991

Title: V
Name: BURRELLI, CAROL
Address: 830 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991

Title: ST
Name: BURRELLI, CAROL
Address: 830 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33991

Title: D
Name: BROWN, THOMAS
Address: 27031 PINE AVE.
City-St-Zip: BONITA SPRINGS, FL

Title: D
Name: WILLIAMSON, SCOTT
Address: 210 WHIPPERWILL TRAIL
City-St-Zip: FRANKLIN, NC 28734

Title: D
Name: GOINS, DAVID
Address: 1524 SE 41ST ST.
City-St-Zip: CAPE CORAL, FL 33992

I hereby 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 all other like empowered.

SIGNATURE: DR. FRANK R. BURRELLI

PD

05/13/2012

Electronic Signature of Signing Officer or Director

_____ Date