

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000261

FILED
Apr 27, 2008
Secretary of State

Entity Name: MANSION MINISTRIES INTERNATIONAL CHRISTIAN CENTER INC.

Current Principal Place of Business:

9580 GLACIER ST.
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

9580 GLACIER ST.
MIRAMAR, FL 33025

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, FREDERICK C SR.
9580 GLACIER ST.
MIRAMAR, FL 33025 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: TD () Delete
Name: EALY, LUCILL
Address: 1079 NW 54TH ST.
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: SCULL, MARY
Address: 9580 GLACIER ST.
City-St-Zip: MIRAMAR, FL 33025

Title: PD () Delete
Name: ALLEN, GLORIA
Address: 9580 GLACIER STREET
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: WRIGHT, JULIA C
Address: 9580 GLACIER ST.
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: WHITTAKER, MABLE
Address: 9580 GLACIER ST.
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WOOTEN, BARBARA
Address: 6721 BOXWOOD DR.
City-St-Zip: MIRAMAR, FL 33023

Title: VD (X) Change () Addition
Name: SCULL, MARY
Address: 21220 N.E. 12TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ORIS, ADRIEN
Address: 1800 N.W. 119TH STREET #122
City-St-Zip: MIAMI, FL 33167

Title: SD (X) Change () Addition
Name: WHITTAKER, MABLE
Address: 2800 HURON WAY.
City-St-Zip: MIRAMAR, FL 33025

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: FREDERICK C. ALLEN SR.

RA

04/27/2008

Electronic Signature of Signing Officer or Director

Date