

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007335

FILED
Jan 17, 2007
Secretary of State

Entity Name: MISSIONARY EVANGELIST TRAINING CENTER MINISTRIES, INC.

Current Principal Place of Business:

1713 NW 38TH AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3230 NW 151 TERRACE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-3165833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTIMER, LA FARIES
3230 NW 151 TERRACE
OPA LOCKA, FL 33054 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: KEMP, JOHNNY L SR.
Address: 3950 NW 177TH STREET
City-St-Zip: CAROL CITY, FL 33055

Title: VP () Delete
Name: KEMP, PATTY L
Address: 3950 NW 177TH TERRACE
City-St-Zip: OPA LOCKA, FL 33055

Title: SEC () Delete
Name: GRIFFIN, KANISHA
Address: 9873 LAWRENCE RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T () Delete
Name: MORTIMER, LA FARIES Y
Address: 3230 NW 151 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAFARIES MORTIMER

T

01/17/2007

Electronic Signature of Signing Officer or Director

Date