

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N05000007335

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 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

RA

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date