

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008018

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** FULLNESS OF LIFE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

8606 SW 3RD AVE., #204  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

8606 SW 3RD AVE., #204  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** 20-3325830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDEN, SCOTT  
644 SE 4TH AVE.  
FT. LAUDERDALE, FL 33301 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:** DT  
**Name:** MCPHEE, JOEL  
**Address:** 8606 SW 3RD AVE., #240  
**City-St-Zip:** PEMBROKE PINES, FL 33025

**Title:** D  
**Name:** BROWNE, CEDRIC  
**Address:** 8606 SW 3RD AVE., #240  
**City-St-Zip:** PEMBROKE PINES, FL 33025

**Title:** D  
**Name:** MURRAY, HENRY  
**Address:** 8606 SW 3RD AVE., #240  
**City-St-Zip:** PEMBROKE PINES, FL 33025

**Title:** DP  
**Name:** ROLLE, ULRICH  
**Address:** 8606 SW 3 STREET #204  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

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:** ULRICH ROLLE

DP

04/08/2010

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

\_\_\_\_\_  
Date