

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008247

FILED
Jan 06, 2008
Secretary of State

Entity Name: MARIMIKE MINISTRIES INC.

Current Principal Place of Business:

3300 DAFFODIL DELL
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

3300 DAFFODIL DELL
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 55-0905681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLERREN, MARY
3300 DAFFODIL DELL
ZEPHYRHILLS, FL 33541 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: D () Delete
Name: MCLERREN, MICHAEL PH D
Address: 3300 DAFFODIL DELL
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ST () Delete
Name: MCLERREN, MARY
Address: 3300 DAFFODIL DELL
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: AD () Delete
Name: MCLERREN, MICHAEL II
Address: 53256 NORWOODS PLACE
City-St-Zip: HANNIBAL, MO 63401

Title: AD () Delete
Name: MCLERREN, MATTHEW
Address: 902 STONE HARBOR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MCLERREN, MICHAEL PH D
Address: 3300 DAFFODIL DELL
City-St-Zip: ZEPHYRHILLS, FL 33541

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: MICHAEL MCLERREN

DIR.

01/06/2008

Electronic Signature of Signing Officer or Director

Date