

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010567

FILED
Feb 26, 2009
Secretary of State

Entity Name: MRM COMPASSIONNATE MINISTRIES INC.

Current Principal Place of Business:

20373 NW 36 AVE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

20373 NW 36 AVE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 20-3775482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTIMER, RENEE
20373 NW 36 AVE
MIAMI, FL 33056 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: MORTIMER, RENEE
Address: 20373 NW 36 AVE
City-St-Zip: MIAMI, FL 33056

Title: V () Delete
Name: GERMILUS, MARC E
Address: 2381 NE 137 STREET
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: PAUL, PIERRE H
Address: 6400 NE MIAMI CT
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: PIERRE, PATRICIA
Address: 19255 NE 10 AVE APT 308
City-St-Zip: N MIAMI BEACH, FL 33179

Title: AS () Delete
Name: BAKER, JEAN LOUIS
Address: 16185 NE 19 CT
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: INNOCENT, ABIMAEI
Address: 15455 NE 6 AVENUE APT C301
City-St-Zip: NORTH MIAMI, FL 33162

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

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

Title: AS (X) Change () Addition
Name: BAKER, JEAN LOUIS
Address: 16185 NE 19 CT
City-St-Zip: N MIAMI BEACH, FL 33162

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: RENEE MORTIMER

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date