

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 17, 2010**  
**Secretary of State**

DOCUMENT# N05000010825

**Entity Name:** PEOPLE FROM EVERY NATION MINISTRIES, INC.**Current Principal Place of Business:**2978 OLD DIXIE HIGH WAY  
KISSIMMEE, FL 34745**New Principal Place of Business:**600 E. OSCEOLA PKWY  
KISSIMMEE, FL 34741**Current Mailing Address:**P.O. BOX 450039  
KISSIMMEE, FL 334745**New Mailing Address:****FEI Number:** 20-3573439**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CIVIL, JOHANNE  
1171 NW 103RD STREET  
MIAMI, FL 33150 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  
Name: REID, O'MEAL O PASTOR  
Address: P O BOX 450039  
City-St-Zip: KISSIMMEE, FL 34745

Title: VP  
Name: REID, HUBERTA R  
Address: P.O. BOX 450039  
City-St-Zip: KISSIMMEE, FL 34745

Title: T  
Name: WATSON-INNISS, ZEPHRENA  
Address: P.O BOX 450039  
City-St-Zip: KISSIMMEE, FL 34745

Title: S  
Name: PYTON, THELMA  
Address: 2428 TEMPLE GROVE LN  
City-St-Zip: KISSIMMEE, FL 34241

Title: S  
Name: WATSON-INNISS, ZEPHRENA  
Address: P.O. BOX 450039  
City-St-Zip: KISSIMMEE, FL 34745

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: OMEAL O. REID

P

10/17/2010

Electronic Signature of Signing Officer or Director

Date