

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012323

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** MITCHELL WEISSMAN MINISTRIES, INC.

**Current Principal Place of Business:**

2940 SPRING HAMMOCK DRIVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

2940 SPRING HAMMOCK DRIVE  
PLANT CITY, FL 33566

**New Mailing Address:**

**FEI Number:** 54-2189326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISSMAN, MITCHELL  
2940 SPRING HAMMOCK DRIVE  
PLANT CITY, FL 33566 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: PSTD ( ) Delete  
Name: WEISSMAN, MITCHELL  
Address: 2940 SPRING HAMMOCK DRIVE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MITCHELL WEISSMAN

PSTD

04/29/2008

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

\_\_\_\_\_  
Date