## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001823

FILED May 28, 2008 Secretary of State

Entity Na	me: MIGHTY ARM MINISTRIES, INC.			
Current Principal Place of Business:		New Principal	Place of Business:	
	ING FOREST CIR IVILLE, FL 32216			
Current Mailing Address:		New Mailing A	New Mailing Address:	
	ING FOREST CIR IVILLE, FL 32216			
	: 20-2662283 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable not receive the prior notice.	( ) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
6231 SPR	RUSSELL G REV ING FOREST CIR IVILLE, FL 32216 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its reg	gistered office or registered agent, or both,	
SIGNATU	RE:			
Electronic Signature of Registered Agent		gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC () Delete WELCH, RUSSELL G REV 6231 SPRING FOREST CIR JACKSONVILLE, FL 32216	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete WELCH, EMELIE R REV 6209 BLANCHARD ROAD JACKSONVILLE, FL 32216	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) Delete BUCKLAND, ROBERT 4 SAILFISH DR PONTE VEDRA BEACH, FL 32082	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete YOUNG, DAVID PO BOX 3132 JACKSONVILLE, FL 32206	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL G WELCH PC 05/28/2008

11013 CASTLEMAN CIRCLE E

JACKSONVILLE, FL 32216

PAXTON, DUSTY REV

Name:

Address:

City-St-Zip: