

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002071

FILED  
Mar 03, 2008  
Secretary of State

**Entity Name:** ROCK OF MIRACLES INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

3111 RECEDA CT  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3111 RECEDA CT  
STE 102  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 20-4698427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SOUFFRANT, MARIE  
3111 RECEDA CT  
TAMPA, FL 33618      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: DP      ( ) Delete  
Name: SOUFFRANT, MARIE  
Address: 3111 RECEDA CT  
City-St-Zip: TAMPA, FL 33618

Title: D      ( ) Delete  
Name: JOSEPH, MICHELET  
Address: 14325 CHECHE PLACE  
City-St-Zip: TAMPA, FL 33624

Title: D      ( ) Delete  
Name: AUGUSTIN, MIRLENE  
Address: 13138 N 20TH, #20  
City-St-Zip: TAMPA, FL 33612

Title: T      ( ) Delete  
Name: ATHIS, WOODLEY  
Address: 3111 RECEDA CT  
City-St-Zip: TAMPA, FL 33618

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

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

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: MARIE SOUFFRANT

DIRE

03/03/2008

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

\_\_\_\_\_  
Date