2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004313

FILED Feb 12, 2009 Secretary of State

Entity Name: PAT CLARKE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	ST. SOUTH RSBURG, FL	33705				
Current Mailing Address:				New Mailing Address:		
P. O. BOX ST. PETER	. 16881 RSBURG, FL	33733				
FEI Number: 34-2064373 FEI Number Applied For () FEI			() FEI Number Not A	Number Not Applicable () Certificate of Status Desired (X)		
Name and	l Address of	Current Registered Age	ent: Name	and Address	of New Registered Agent:	
ST. PETEF	ST. SOUTH RSBURG, FL					
	named entity e of Florida.	submits this statement for	or the purpose of changi	ng its registere	ed office or registered agent, or both,	
SIGNATUF	RE:					
	Electro	onic Signature of Register	ed Agent		Date	
OFFICERS	S AND DIRE	CTORS:	ADDIT	IONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CLARKE, PAU 4701 6TH ST.		Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	CLARKE, LAF 4701 6TH ST.		Title: Name: Address: City-St-Z	8600 DR. N	(X) Change () Addition AFRANCE JR. MARTIN LUTHER KING ST. N, #810 RSBURG, FL 33702	
Title: Name: Address: City-St-Zip:	CLARKE, MAÌ 4020A LAKEV) Delete RCELLINE A WOOD CLUB DR. SOUTH BURG, FL 33712	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	CLARKE, LAF 4701 6TH ST.) Delete FRANCE A SR. SOUTH BURG, FL 33705	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, N 7924 GULF R		Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	BRICKHOUSE 100 BANYON) Delete E, THEODOSIA BAY DR. BURG, FL 33705	Title: Name: Address: City-St-Z	911 ADDIS	(X) Change () Addition USE, THEODOSIA SON DRIVE N.E RSBURG, FL 33716	

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: PAULINE CLARKE PD 02/12/2009