

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005012

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** PETROS MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

3120 COMMUNICATION RD.  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

3128 COMMUNICATION RD.  
ST. CLOUD, FL 34769

**Current Mailing Address:**

3120 COMMUNICATION RD.  
ST. CLOUD, FL 34769

**New Mailing Address:**

3128 COMMUNICATION RD.  
ST. CLOUD, FL 34769

**FEI Number:** 20-4882183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMS, BRUCE A  
4927 EMILEE GRACE LANE  
ST. CLOUD, FL 34771 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: PD ( ) Delete  
Name: TOMS, BRUCE A REV.  
Address: 4927 EMILEE GRACE LANE  
City-St-Zip: ST. CLOUD, FL 34771

Title: VD ( ) Delete  
Name: QUINN, DANNY R  
Address: 4850 CALASANS AVE.  
City-St-Zip: ST. CLOUD, FL 34771

Title: STD ( ) Delete  
Name: BROWN, KENNETH L  
Address: 15255 AMBERLY DR.  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: FINNEY, RICHARD  
Address: 4518 NETHERWOOD DR.  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: BRADFORD, ANDREW J  
Address: 13219 TIFTON DR.  
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:

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: BRUCE A TOMS

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date