

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005012

FILED
Apr 14, 2009
Secretary of State

Entity Name: PETROS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

3128 COMMUNICATION RD.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3128 COMMUNICATION RD.
ST. CLOUD, FL 34769

New Mailing Address:

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date