

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005187

FILED
Feb 09, 2009
Secretary of State

Entity Name: WONDERFUL SAVIOR MINISTRIES, INC.

Current Principal Place of Business:

9715 NW 27TH AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

9715 NW 27TH AVE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-4458578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALSTON, HERMAN
9715 NW 27TH AVE
MIAMI, FL 33147 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: ALSTON, HERMAN
Address: 9715 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

Title: DV () Delete
Name: ALSTON, LAURA
Address: 9715 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

Title: DS () Delete
Name: ALSTON, HERMAN JR
Address: 2410 NW 95TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: HERMAN, ALFRED C
Address: 4741 NW 185TH TERR
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: HERNITT, MINNIE
Address: 4741 NW 185TH TERR.
City-St-Zip: MIAMI, FL 33056

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: LAURA ALSTON

DV

02/09/2009

Electronic Signature of Signing Officer or Director

Date