

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005212

FILED
Jan 19, 2009
Secretary of State

Entity Name: UNVEILED MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1527 DALE MABRY HWY
SUITE 100
LUTZ, FL 335483031 US

New Principal Place of Business:

Current Mailing Address:

1527 DALE MABRY HWY
SUITE 100
LUTZ, FL 335483031 US

New Mailing Address:

FEI Number: 20-4875911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNO, IRENE
1527 DALE MABRY HWY
SUITE 100
LUTZ, FL 335483031 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: DIR () Delete
Name: BRUNO, IRENE MS
Address: 1527 DALE MABRY HWY, STE 100
City-St-Zip: LUTZ, FL 335483031 US

Title: VPST () Delete
Name: BRUNO, ADAM MR
Address: 43150 BROADLANDS CTR PLZ STE 152
City-St-Zip: ASHBURN, VA 20148 US

Title: DIR () Delete
Name: HILL, BEN MR
Address: 7412 CHARLOTTE ST
City-St-Zip: SPRINGFIELD, VA 22150 US

Title: DIR () Delete
Name: EDDY, VERONICA
Address: 7522 SANTE FE TRAIL
City-St-Zip: BAYONET POINT, FL 346673008 US

Title: DIR () Delete
Name: COPELAND, DON MR
Address: 4089 TRAIL OF FAITH CT
City-St-Zip: LOCUST GROVE, VA 22508 US

Title: DIR () Delete
Name: LEGG, MICHAEL MR
Address: 2481 HUNTING RIDGE RD
City-St-Zip: WINCHESTER, VA 22603 US

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: IRENE BRUNO

DIR

01/19/2009

Electronic Signature of Signing Officer or Director

Date