# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2008**
**Secretary of State**

DOCUMENT# N06000007126

**Entity Name:** PHILAM MISSION MINISTRIES, INC.

**Current Principal Place of Business:**

14191 COUNTY ROAD 252
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

14191 COUNTY ROAD 252
LIVE OAK, FL 32060

**New Mailing Address:**

**FEI Number: 65-1284918** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

YARICK, WILLIAM W
8440 127TH DRIVE
LIVE OAK, FL 32060 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: D ( ) Delete
Name: LYONS, LEAONARD
Address: 14191 COUNTY ROAD 252
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: TOUCHTON, JAMES
Address: 13878 111 PLACE
City-St-Zip: MCALPIN, FL 32062

Title: D ( ) Delete
Name: YARICK, WILLIAM
Address: 8440 127TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: TURNER, AARON
Address: 109 MANOR STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: ROSS, DEBRA
Address: 14117 CR 252
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: HUNTER, LUCILE
Address: 130 RIVER BEND DR
City-St-Zip: ST MARY'S, GA 31558

**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:

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: WILLIAM YARICK D 02/21/2008

Electronic Signature of Signing Officer or Director Date