


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N06000008962 1. Entity Name WATTHEW MINISTRIES INTERNATIONAL, INC. |  |
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| Principal Place of Business 5422 TEMPLE PALMS AVE TAMPA, FL 33617 | Mailing Address P.O.BOX 153094 TAMPA, FL 33684 |
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 56-2610456 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**POOLE, RHUDINE M
5422 TEMPLE PALMS AVE
TAMPA, FL 33617**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000927288 05/20/08 00101 004 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVPS POOLE, RHUDINE M 8649 N HIMES AVE APT 508 TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD POOLE, RHUDINE M 8649 N HIMES AVE APT 508 TAMPA, FL 33614 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rhudine M. Poole Rhudine M. Poole 4/24/08 (813) 988-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #