2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N07000000740

Entity Name: NURSING & HOMES MINISTRIES INC.

Current Principal Place of Business:

18921 NW 43 AVENUE
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

18921 NW 43 AVENUE
MIAMI GARDENS, FL 33055

New Mailing Address:

FEI Number: 20-8382330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENDER, JOHNNIE B REV.
18921 NW 43 AVENUE
MIAMI GARDENS, FL 33055 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:	RENDER, JOHNNIE B REV.	
Address:	18921 NW 43 AVENUE	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	TD	( ) Delete
Name:	RENDER, PAULINE SISTER	
Address:	18921 NW 43 AVENUE	
City-St-Zip:	MIAMI GARDENS, FL 33055	
Title:	D	( ) Delete
Name:	MCDANIEL, SAMUEL PASTOR	
Address:	7160 NW 14 PL APT. 1	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	ALLEN, BARBARA EVANGEL	
Address:	1461 NW 38 STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	D	( ) Delete
Name:	WOODS, CAMARO SISTER	
Address:	6432 SW 18TH STREET	
City-St-Zip:	HOLLYWOOD, FL 33023	

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: JOHNNIE B RENDER REV 03/02/2009

Electronic Signature of Signing Officer or Director — Date