

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000747

FILED
May 04, 2009
Secretary of State

Entity Name: SALT OF THE EARTH MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

84 AVE. B
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

84 AVE. B
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-8401483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, ALONZO JR.
3021 MARSHFIELD PRESERVE WAY
KISSIMMEE, FL 34746 US

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: HERRING, ANTHONY
Address: 320 QUEEN AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LUCAS, BRIAN
Address: 135 ROSA AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HOLLIDAY, LASONJIA
Address: 1012 WHITTIER CIR.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: PATTERSON, LORETTA
Address: P.O. BOX 150974
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: SMITH, ALONZO JR.
Address: 3021 MARSHFIELD PRESERVE WAY
City-St-Zip: KISSIMMEE, FL 34746

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: D (X) Change () Addition
Name: SMITH, ALONZO JR.
Address: 3021 MARSHFIELD PRESERVE WAY
City-St-Zip: KISSIMMEE, FL 34746

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: ALONZO SMITH

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date