2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N07000000931

Entity Name: MOUNTAIN TOP GLOBAL MINISTRIES INCORPORATED

Current Principal Place of Business:

12631 30TH STREET CIRCLE EAST
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

12631 30TH STREET CIRCLE EAST
PARRISH, FL 34219

New Mailing Address:

FEI Number: 45-0550008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIFE, DALE
12631 30TH STREET CIRCLE EAST
PARRISH, FL 34219 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: FIFE, DALE
Address: 12631 30TH STREET CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: VD ( ) Delete
Name: FIFE, BRIAN
Address: 6388 GOLDEN EYE GLEN
City-St-Zip: BRADENTON, FL 34202

Title: S ( ) Delete
Name: FIFE, EUNICE
Address: 12631 30TH STREET CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: RILEY, TIMOTHY
Address: 25 ROBIN RD
City-St-Zip: BURLINGTON, CT 06013

Title: D ( ) Delete
Name: STACY, RUSSEL
Address: 16 MAPLE AVE
City-St-Zip: UNIONVILLE, CT 06083

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: STACY, NANCY
Address: 16 MAPLE AVE
City-St-Zip: UNIONVILLE, CT 06083

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: DR DALE ARTHUR FIFE PD 01/17/2008

Electronic Signature of Signing Officer or Director — Date