

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000931

FILED  
Jan 26, 2009  
Secretary of State

**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: T ( ) Delete  
Name: STACY, NANCY  
Address: 16 MAPLE AVE  
City-St-Zip: UNIONVILLE, CT 06083

**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: STACY, RUSSEL  
Address: 16 MAPLE AVE  
City-St-Zip: UNIONVILLE, CT 06085

Title: T (X) Change ( ) Addition  
Name: STACY, NANCY  
Address: 16 MAPLE AVE  
City-St-Zip: UNIONVILLE, CT 06085

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: DALE FIFE

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date