2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# N07000002354

Entity Name: MISSIONARY FAMILY MINISTRIES, INC.

Current Principal Place of Business:

490 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

490 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 77-0673186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNDERILL, H. J. III
490 N HARBOR CITY BLVD
MELBOURNE, FL 32935 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:	RHODEN, H ROBERT	
Address:	1075 LUMINARY CIRCLE, #101	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	VPD	( ) Delete
Name:	RHODEN, JOAN	
Address:	1075 LUMINARY CIRCLE, #101	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	SD	( ) Delete
Name:	UNDERILL, H. J. III	
Address:	490 N HARBOR CITY BLVD	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	TD	( ) Delete
Name:	UNDERILL, SHARON	
Address:	490 N HARBOR CITY BLVD	
City-St-Zip:	MELBOURNE, FL 32935	

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:	

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: H ROBERT RHODEN PD 02/13/2008

Electronic Signature of Signing Officer or Director — Date