

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002542

FILED
May 23, 2008
Secretary of State

Entity Name: MICHAEL SANDERS MINISTRIES, INC.

Current Principal Place of Business:

4650 S. GARY AVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4650 S. GARY AVE
LAKELAND, FL 33813

New Mailing Address:

P.O. BOX 7137
BRANDON, FL 33805

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SANDERS, MIKELA
4650 S. GARY AVE
LAKELAND, FL 33813 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: SANDERS, MICHAEL
Address: 4650 S. GARY AVE
City-St-Zip: LAKELAND, FL 33813

Title: STD () Delete
Name: SANDERS, MIKELA
Address: 4650 S. GARY AVE
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: SANDERS, CHARLES F JR
Address: 214 SILVERCREST COURT
City-St-Zip: SEVIERVILLE, TN 37862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERS, MICHAEL
Address: 1810 WATERMILL DR.
City-St-Zip: BRANDON, FL 33508

Title: STD (X) Change () Addition
Name: SANDERS, MIKELA
Address: 1810 WATERMILL DR.
City-St-Zip: BRANDON, FL 33508

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: MICHAEL SANDERS

PD

05/23/2008

Electronic Signature of Signing Officer or Director

Date