

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003720

FILED
Jan 27, 2008
Secretary of State

Entity Name: OIKOS MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:

2900 LARSON DR
KISSIMMEE, FL 34741

New Principal Place of Business:

2900 LARSON ST
KISSIMMEE, FL 34741

Current Mailing Address:

P O BOX 451665
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-8487864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, JOSE U
2900 LARSON DR
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

RIVERA, JOSE U
2900 LARSON ST
KISSIMMEE, FL 34741 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:

01/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVERA, JOSE U
Address: 2900 LARSON DR
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: MACHICOTE, INGA
Address: 3125-A HERON LAKE DR
City-St-Zip: KISSIMMEE, FL 34741

Title: TD () Delete
Name: DIAZ, ROCHELY
Address: 4215 FLOATING ORCHID CT
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVERA, JOSE U
Address: 2900 LARSON ST
City-St-Zip: KISSIMMEE, FL 34741

Title: SD (X) Change () Addition
Name: MACHICOTE, INGA
Address: 1610 COLUMBIA ARMS CIRCLE #129
City-St-Zip: KISSIMMEE, FL 34741

Title: TD (X) Change () Addition
Name: DIAZ, ROCHELY
Address: 4417 THIRTEENTH ST; SUITE 109
City-St-Zip: ST CLOUD, FL 34769

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: JOSE U RIVERA

PD

01/27/2008

Electronic Signature of Signing Officer or Director

Date