

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003794

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: ALLEGHENY MOUNTAIN MINISTRIES INC.

## Current Principal Place of Business:

3210 CHANNING DR  
HOLIDAY, FL 34690

## New Principal Place of Business:

## Current Mailing Address:

3210 CHANNING DR  
HOLIDAY, FL 34690

## New Mailing Address:

FEI Number: 87-0798308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRY, CLARK  
3210 CHANNING DR  
HOLIDAY, FL 34690 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: P ( ) Delete  
Name: PARRY, CLARK  
Address: 3210 CHANNING DR  
City-St-Zip: HOLIDAY, FL 34690

Title: S ( ) Delete  
Name: LARSON, GARY  
Address: 223 N 5TH STREET  
City-St-Zip: CLEAN, NY 14760

Title: T ( ) Delete  
Name: DURKEE, LUCINDA  
Address: 3210 CHANNING DR  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: PARRY, NORMA  
Address: 3411 HAMPSHIRE DR  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: HALL, SALLY  
Address: PO BOX 403 CHURCH STREET  
City-St-Zip: NUNDA, NY 14517

Title: D ( ) Delete  
Name: GREEN, VALENA  
Address: 2689 COUNTY RD 8  
City-St-Zip: FRIENDSHIP, NY 14739

## 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: D (X) Change ( ) Addition  
Name: WOLF, STEPHEN  
Address: 3109 BIXLER DRIVE  
City-St-Zip: HOLIDAY, FL 34690

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: CLARK O PARRY

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date