2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004170

Entity Name: ELEVENTH HOUR MINISTRY, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 936 NE 62 STREET 600 SW 3 STREET OAKLAND PARK, FL 33334 POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** PO BOX 184 BOCA RATON, FL 33429 FEI Number: 02-0803669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEAUVAIS, ROSENIE BEAUVAIS, ROSENIE 4411 NW 18 STREET #403M 3910 NW 34 WAY LAUDERDALE LAKES, FL 33309 US LAUDERHILL, FL 33313 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: ROSENIE BEAUVAIS 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MADET, SAINT-ALAIS A Name: Name: 289 NW 19 ST #8 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition SAINT JUSTE, SHELA Name: Name: Address: 463 GAZETTA WAY Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: () Delete Title: () Change () Addition BEAUVAIS, YVES Name: Name: 360 NW 19 CT Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 US City-St-Zip: Title: () Delete Title: () Change () Addition SAINT JUSTE J, SANDRA Name: Name: Address: 463 GAZETTA WAY Address: WEST PALM BEACH, FL 33413 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ABRAHAM S MADET P 04/02/2009

DIEUDONNE, CARMEL

7771 RIDGEWOOD DR

DIEUDONNE, KERVEN

7771 RIDGEWOOD DR

LAKEWORTH, FL 33467 US

LAKEWORTH, FL 33467 US

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition