

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008870

FILED
Jul 15, 2008
Secretary of State

Entity Name: PURPOSE-FILLED MINISTRIES INTERNATIONAL FELLOWSHIP, INC.

Current Principal Place of Business:

5115 OLD HARBOR POINT APT 101
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 620113
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 26-0277033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RICHARDSON, MYRA A
2434 MACE STREET
ORLANDO, FL 32839 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: RICHARDSON, DAVID
Address: 5115 OLD HARBOR POINT APT 101
City-St-Zip: OVIEDO, FL 32765

Title: P () Delete
Name: RICHARDSON, DENISE L
Address: 5115 OLD HARBOR POINT APT 101
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: GOLDEN, ANDREW
Address: 11913 ALLAMANDA CT
City-St-Zip: ORLANDO, FL 32837

Title: S () Delete
Name: RICHARDSON, MYRA A
Address: 2434 MACE STREET
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: GOLDEN, LUCILLE
Address: 11913 ALLAMANDA CT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDSON, DAVID D
Address: 5115 OLD HARBOR POINT APT 101
City-St-Zip: OVIEDO, FL 32765

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: DAVID D. RICHARDSON

P

07/15/2008

Electronic Signature of Signing Officer or Director

Date