2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008870

FILED Feb 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1400 GASTON FOSTER RD ORLANDO, FL 32812 **Current Mailing Address: New Mailing Address:** PO BOX 592742 ORLANDO, FL 328592742 FEI Number: 26-0277033 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: RICHARDSON, MYRA A 2434 MACE STREET ORLANDO, FL 32839 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RICHARDSON, DAVID D RICHARDSON, DAVID D Name: Name: 5115 OLD HARBOR POINT APT 101 Address: 4357 WATERSIDE POINT CIRCLE Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32829 Title: () Delete Title: (X) Change () Addition RICHARDSON, DENISE L Name: Name: RICHARDSON, DENISE L Address: 5115 OLD HARBOR POINT APT 101 Address: 4357 WATERSIDE POINT CIRCLE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ORLANDO, FL 32829 Title: () Delete Title: () Change () Addition GOLDEN, ANDREW Name: Name: 11913 ALLAMANDA CT Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, MYRA A Name: Name: 2434 MACE STREET Address: Address: ORLANDO, FL 32839 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GOLDEN, LUCILLE Name: Name: 11913 ALLAMANDA CT Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition MCLEOD, DAMITA Name: Name: Address: 8819 RESERVATION DR Address: ORLANDO, FL 32829 City-St-Zip: 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: ANDREW L. GOLDEN T 02/27/2009