

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009506

FILED
Jul 04, 2009
Secretary of State

Entity Name: DR. WILLIAM J. MCCORKLE MIINSTRIES INC.

Current Principal Place of Business:

822 HIGHPOINT DRIVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 290475
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 30-0449434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

DEBONIS, PAUL
822 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 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: MCCORKLE, WILLIAM J DR.
Address: 461 BLACK KNIGHT WAY
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: VARGA, ALEXANDER
Address: 2032 COURTYARD LOOP #100
City-St-Zip: SANFORD, FL 32771

Title: ST () Delete
Name: DEBONIS, PAUL
Address: 822 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCORKLE, WILLIAM J DR.
Address: 461 BLACK KNIGHT WAY
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: VARGA, ALEXANDER
Address: 2032 COURTYARD LOOP #100
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () 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.

SIGNATURE: PAUL DEBONIS

SEC

07/04/2009

Electronic Signature of Signing Officer or Director

Date