

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009506

FILED
May 01, 2011
Secretary of State

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

Current Principal Place of Business:

822 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

461 BLACK KNIGHT WAY
LONGWOOD, FL 32779 US

Current Mailing Address:

822 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

461 BLACK KNIGHT WAY
LONGWOOD, FL 32779 US

FEI Number: 30-0449434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBONIS, PAUL P PAUL DE
822 HIGHPOINT DRIVE
SUITE 1400
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

DEBONIS, PAUL P PAUL DE
822 HIGHPOINT DRIVE
PORT ORANGE, FL 32127 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: PAUL DEBONIS

05/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: VARGA, ALEXANDER P PAUL DE
Address: 2032 COURTYARD LOOP #100
City-St-Zip: SANFORD, FL 32771 US

Title: ST
Name: DEBONIS, PAUL S PAUL DE
Address: 822 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL DEBONIS

ST

05/01/2011

Electronic Signature of Signing Officer or Director

Date