## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011626

FILED Apr 02, 2009 Secretary of State

Entity Name: CENTURION APOSTOLIC INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4015 NW 17 AVENUE MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 4015 NW 17 AVENUE MIAMI, FL 33142 FEI Number: 45-0582130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARTER, SONJA Y 4015 NW 17TH AVENUE MIAMI, FL 33142 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: () Change () Addition () Delete CARTER, SONJA Y Name: Name: 4015 NW 17TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SHEFTALL, DARRELL Name: Name: Address: 4015 NW 17 AVE Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ABLES, ROBIN Name: CAMPBELL, DOROTHY Name: 4015 NW 17 AVE Address: Address: 4015 NW 17 AVE City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142 Title: () Delete Title: (X) Change ( ) Addition Name: ABLES, MICHAEL Name: BRAZIL, JENNIFER 4015 NW 17TH AVENUE Address: 4015 NW 17 AVENUE Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142 Title: VPT () Delete Title: (X) Change ( ) Addition BRAZIL, JENNIFER SINGLETARY, RICK Name: Name: 4015 NW 17 AVENUE 4015 NW 17 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142 Title: () Delete Title: (X) Change ( ) Addition SINGLETARY, RICK LOWRY, YOUSLI NE Name: Name: Address: 4015 NW 17 AVE Address: 4015 NW 17 AVE MIAMI, FL 33142 MIAMI, FL 33142 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: SONJA CARTER P 04/02/2009