

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011901

FILED
Feb 03, 2009
Secretary of State

Entity Name: MINISTRY OF THE ANGELIC HOSTS, INC.

Current Principal Place of Business:

4520 NW 4TH ST.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4520 NW 4TH ST.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 26-1496842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, GLENNA
4520 NW 4TH ST.
PLANTATION, FL 33317 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: PD () Delete
Name: BIRD, GLENNA
Address: 4520 NW 4TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: ROBERTS, ARVIL
Address: 300 BURLEIGH ST.
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: JOHNSON, TANYA
Address: 6341 SW 9TH PL
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D (X) Delete
Name: BIRD, ATASHA
Address: 4520 NW 4TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: JOHNSON, EDMOND
Address: 6341 SW 9TH PL.
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D () Delete
Name: WILSON, IRVING
Address: 4510 NW 4TH ST.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BIRD, ATASHA
Address: 4520 NW 4TH ST
City-St-Zip: PLANTATION, FL 33317-272

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: GLENNA BIRD

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date