

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07534

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD, INC.

Current Principal Place of Business:

1949 SUNSET PL.
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7082
FORT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 59-2490339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUNNINGHAM, CORNELL
6209 MEADOWVIEW CIRCLE
FT. MYERS, FL 33916 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: CUNNINGHAM, CORNELL
Address: 2929 WINKLER AVE. #1007
City-St-Zip: FT. MYERS, FL 33916 US

Title: D () Delete
Name: WASHINGTON, VALERIE
Address: 5083 BILLYS CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: VD () Delete
Name: CUNNINGHAM, WILLIE M
Address: 6209 MEADOWVIEW CIR
City-St-Zip: FORT MYERS, FL 33916

Title: ASD () Delete
Name: BROOKS, WINONA
Address: 3144 BORDEAUX LANE
City-St-Zip: CLEARWATER, FL 33751

Title: D () Delete
Name: BROOKS, THOMAS
Address: 2612 SOUTH DRIVE APT 4
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: GOINS, SHARON
Address: 13185 117TH ST. NORTH
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: CORNELL CUNNINGHAM

MR.

04/29/2008

Electronic Signature of Signing Officer or Director

Date