

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002602

FILED
Jan 05, 2009
Secretary of State

Entity Name: MSR MINISTRIES, INC.

Current Principal Place of Business:

207 NE 62ND STREET
#47
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

207 NE 62ND STREET
#47
MIAMI, FL 33138

New Mailing Address:

FEI Number: 26-2256859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAN, DORIS
207 NE 62ND STREET
#47
MIAMI, FL 33138 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: D () Delete
Name: SPAN, WILLIAM
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: SPAN, DORIS
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: RICHARDSON, ARLYN
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WARE, LAKEISHA
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: THOMPkins, JOHNNIE
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPAN, WILLIE
Address: 207 NE 62ND STREET #47
City-St-Zip: MIAMI, FL 33138

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: DORIS SPAN

D

01/05/2009

Electronic Signature of Signing Officer or Director

Date