2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000003717

Entity Name: MIGHTY WINGS OF GLORY CAMPS MINISTRIES, INC.

Current Principal Place of Business:

710 NW 16TH AVE APT 21
GAINESVILLE, FL 32601

New Principal Place of Business:

3930 SW 21ST ST
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 2111
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANN, SHARON
4000 SW 47TH STREET LOT 15L
GAINESVILLE, FL 32608 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: DP ( ) Delete
Name: CAMPS, ALFRED J
Address: 710 NW 16TH AVE APT 21
City-St-Zip: GAINESVILLE, FL 32601

Title: DVPT ( ) Delete
Name: MIMS, BELINDA L
Address: 4000 SW 47TH STREET LOT 15L
City-St-Zip: GAINESVILLE, FL 32608

Title: DEC ( ) Delete
Name: MIMS, HAROLD
Address: 4000 SW 47TH STREET LOT 15L
City-St-Zip: GAINESVILLE, FL 32608

Title: DS ( ) Delete
Name: MIMS, SHARON
Address: 4000 SW 47TH STREET LOT 15L
City-St-Zip: GAINESVILLE, FL 32608

Title: DAS ( ) Delete
Name: CAMP-BOONE, TERRILYN J
Address: 1349 SE 1ST TERRACE
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: CAMPS,JR., WALTER
Address: 1349 SE 1ST TERRACE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CAMPS, ALFRED J
Address: 3930 SW 21ST ST
City-St-Zip: GAINESVILLE, FL 32608

Title: DVPT (X) Change ( ) Addition
Name: MIMS, BELINDA L
Address: 1350 NE 39TH AVE APT 111
City-St-Zip: GAINESVILLE, FL 32609

Title: DEC (X) Change ( ) Addition
Name: MIMS, HAROLD
Address: 1350 NE 39TH AVE APT 111
City-St-Zip: GAINESVILLE, FL 32609

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: ALFRED CAMPS JR DP 04/27/2009

Electronic Signature of Signing Officer or Director Date