2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000003777

Entity Name: DR.PHILLIPS INTERNATIONAL HELP MINISTRY "CORPORATION"

Current Principal Place of Business:

286 NORTH EAST
200 TERRACE
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2386
MIAMI, FL 33119 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PHILLIPS, CHRISTINE
286 NORTH EAST
200 TERRACE
MIAMI, FL 33179 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:	VP	( ) Delete
Name:	STEWART, CORNELIA A	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	
Title:	S	( ) Delete
Name:	PHILLIPS, PERCIVAL	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	
Title:	S	( ) Delete
Name:	PHILLIPS, THELMA	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	
Title:	TR	( ) Delete
Name:	SALMON, ABIGALE	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	
Title:	P	( ) Delete
Name:	PHILLIPS, CHRISTINE A	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	
Title:	T	( ) Delete
Name:	PHILLIPS, CHRISTINE A	
Address:	P.O BOX 2386	
City-St-Zip:	MIAMI, FL 33119 US	

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
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: CHRISTINE PHILLIPS MS 01/16/2009

Electronic Signature of Signing Officer or Director — Date