2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N08000007619

Entity Name: SAFARI THROUGH THE WORD MINISTRIES INC.

Current Principal Place of Business:

5725 NW 114 PATH #102
DORAL, FL 331784195

New Principal Place of Business:

5725 NW 114 PATH #102
DORAL, FL 331784195 US

Current Mailing Address:

5725 NW 114 PATH #102
DORAL, FL 331784195

New Mailing Address:

5725 NW 114 PATH #102
DORAL, FL 331784195 US

FEI Number: 57-1212057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALVAREZ, JOSE E
5725 NW 114 PATH #102
DORAL, FL 331784195 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:	ALVAREZ, JOSE	
Address:	5725 NW 114 PATH #102	
City-St-Zip:	DORAL, FL 331784195	
Title:	VPD	( ) Delete
Name:	GOMEZ, RAFAEL	
Address:	7570 NW 113 PATH	
City-St-Zip:	DORAL, FL 33178	
Title:	STD	( ) Delete
Name:	ALVAREZ, MARY C	
Address:	5725 NW 114 PATH #102	
City-St-Zip:	DORAL, FL 331784195	
Title:	D	( ) Delete
Name:	PASSWATERS, DONALD	
Address:	8315 NW 201 TERR	
City-St-Zip:	HIALEAH, FL 330155935	
Title:	D	( ) Delete
Name:	PASSWATERS, MARIA	
Address:	8315 NW 201 TERR	
City-St-Zip:	HIALEAH, FL 330155935	
Title:	D	( ) Delete
Name:	GOMEZ, CATHERINE	
Address:	7570 NW 113 PATH	
City-St-Zip:	DORAL, FL 33178	

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: JOSE ALVAREZ PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date