

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: EILEEN HUBERS MINISTRIES, INC.

Current Principal Place of Business:

226 SOUTH SEACREST CIRCLE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

226 SOUTH SEACREST CIRCLE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 94-3458847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBERS, EILEEN REV.
226 SOUTH SEACREST CIRCLE
DELRAY BEACH, FL 33444 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: P
Name: HUBERS, EILEEN REV
Address: 226 SOUTH SEACREST CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444

Title: ST
Name: HUBERS, PAUL
Address: 226 SOUTH SEACREST CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP
Name: OCCHIPINTI, FRED REV.
Address: 1310 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: D
Name: FERDINAND, GRELL DOCTOR
Address: 2829 NW 87 AVENUE
City-St-Zip: SUNRISE, FL 33322

Title: D
Name: GRADY, KAREN C
Address: 1725 SECOND STREET
City-St-Zip: NEW ORLEANS, LA 70113

Title: D
Name: WARNER, PENELOPE A
Address: 7208-A EAST OAKRIDGE CIRCLE
City-St-Zip: LANTANA, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: REV. EILEEN HUBERS

P

04/08/2011

Electronic Signature of Signing Officer or Director

Date