

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011289

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** CECE COLE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

5008 STRAWBRIDGE TERRACE  
SUITE 208  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 953065  
LAKE MARY, FL 32795

**New Mailing Address:**

**FEI Number:** 26-3955259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLE, CARLETHA P  
5008 STRAWBRIDGE TERRACE  
SUITE 208  
SANFORD, FL 32771 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 ( ) Delete  
Name: COLE, CARLETHA  
Address: 5008 STRAWBRIDGE TERRACE SUITE 208  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: COLE, ALEXANDER  
Address: 5008 STRAWBRIDGE TERRACE SUITE 208  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: COLE, WALTER  
Address: 5008 STRAWBRIDGE TERRACE SUITE 208  
City-St-Zip: SANFORD, FL 32771

**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:

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: CARLETHA COLE

P

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date