

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 01, 2011
Secretary of State

DOCUMENT# N09000009626

Entity Name: MEN OF THE SWORD INCORPORATED**Current Principal Place of Business:**2100 SUNRISE BLVD STE. A
FORT PIERCE, FL 34950 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2876
FORT PIERCE, FL 34954 US**New Mailing Address:****FEI Number:** 27-0370271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HAWKINS, SONJI L
2603 BENNETT DRIVE
FORT PIERCE, FL 34946 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: D #1
Name: BEAUFORD, TERRANCE A
Address: P.O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954 US

Title: D #2
Name: MILLS, THERNELL SR
Address: P.O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954 US

Title: P
Name: JOHNSON, KIM
Address: P. O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954 US

Title: VP
Name: JENKINS, RONNIE SR
Address: P.O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954 US

Title: S
Name: HAWKINS, SONJI L
Address: P.O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954 US

Title: T
Name: HARRIS, KIMBERLY
Address: P.O. BOX 2876
City-St-Zip: FORT PIERCE, FL 34954

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: TERRANCE A. BEAUFORD

D#1

08/01/2011

Electronic Signature of Signing Officer or Director

Date