

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011652

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** GOD'S MISSION MINISTRY INTERNATIONAL, INC.

**Current Principal Place of Business:**

205 S. DIXIE DRIVE  
SUITE 179  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

205 S. DIXIE DRIVE  
SUITE 179  
HAINES CITY, FL 33844

**New Mailing Address:**

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

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

BAKER-THOMAS, KATHLEEN  
205 S. DIXIE DRIVE  
SUITE 179  
HAINES CITY, FL 33844 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/P  
Name: BAKER-THOMAS, KATHLEEN  
Address: P.O. BOX 3404  
City-St-Zip: HAINES CITY, FL 33845

Title: T  
Name: HAYNES, ELLA  
Address: 119 ARLINGTON COURT  
City-St-Zip: HAINES CITY, FL 33844

Title: D/S  
Name: HAYNES, HELON  
Address: 1138 DETOUR ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: D  
Name: COBB, MATTIE M  
Address: 2760 HUGHES ROAD  
City-St-Zip: HAINES CITY, FL 33844

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: KATHLEEN BAKER-THOMAS

D/P

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date