

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17213

FILED  
Sep 11, 2009  
Secretary of State

**Entity Name:** FISHERS OF MEN MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

3270 SUNTREE BLVD  
124  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 410953  
MELBOURNE, FL 329410953

**New Mailing Address:**

**FEI Number:** 59-2743310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

THREADGILL, EDGAR JAMES III  
1412 HILL AVE  
MELBOURNE, FL 32940 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: THREADGILL, EDGAR J., III  
Address: 1412 HILL AVE.  
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete  
Name: THREADGILL, LINDA  
Address: 1412 HILL AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: MAIDEN, MIKE DR.  
Address: 11640 N. 19TH AVE  
City-St-Zip: PHOENIX, AZ 85029

Title: VD ( ) Delete  
Name: THREADGILL, EDGAR J., JR.  
Address: 540 SHELL COVE DR  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: FRANKLIN, TIM DR.  
Address: 710 SPRING LAKE DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: WOLCSON, GERALD J  
Address: 4002 SHORES CT  
City-St-Zip: ARLINGTON, TX 76016

**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: SHIRLEY A. CLARK

ADM

09/11/2009

Electronic Signature of Signing Officer or Director

Date