

# ANNUAL REPORT (AR)

**DOCUMENT # N17667**

1. Entity Name

VANN NEEDY PEOPLE MINISTRIES, INC.



**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

705 E. MEYERS BLVD.  
MASCOTTE  
MASCOTTE FL 34753  
US

Mailing Address

705 E. MEYERS BLVD.  
MASCOTTE  
MASCOTTE FL 34753  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, PAUL MR  
220 W. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JAMES, VIRGIE A  
STREET ADDRESS 705 E MEYERS BLVD  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE VP ☐ Delete  
NAME JAMES, STENNETT  
STREET ADDRESS 705 E. MEYERS BLVD.  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE SD ☐ Delete  
NAME BUDHOO, SHELIA  
STREET ADDRESS 2860 N. POWERS DRIVE APT 129  
CITY-ST-ZIP ORLANDO FL 38818

TITLE T ☐ Delete  
NAME THOMPSON, JOY  
STREET ADDRESS 705 E MEYERS BLVD  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

352-439-493  
7-3-08 321987.4424