

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17667

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** VANN NEEDY PEOPLE MINISTRIES, INC.

**Current Principal Place of Business:**

705 E. MEYERS BLVD.  
MASCOTTE  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

705 E. MEYERS BLVD.  
MASCOTTE  
MASCOTTE, FL 34753 US

**New Mailing Address:**

**FEI Number:** 65-0032048 **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:**

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

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

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: JAMES, VIRGIE A  
Address: 705 E MEYERS BLVD  
City-St-Zip: MASCOTTE, FL 34753

Title: VP ( ) Delete  
Name: JAMES, STENNETT  
Address: 705 E. MEYERS BLVD.  
City-St-Zip: MASCOTTE, FL 34753

Title: SD ( ) Delete  
Name: BUDHOO, SHELIA  
Address: 2860 N. POWERS DRIVE APT 129  
City-St-Zip: ORLANDO, FL 38818

Title: T ( ) Delete  
Name: THOMPSON, JOY  
Address: 705 E MEYERS BLVD  
City-St-Zip: MASCOTTE, FL 34753

**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:

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: VIRGIE JAMES

PD

05/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date