

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18266

FILED
Feb 02, 2010
Secretary of State

Entity Name: MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Current Principal Place of Business:

3130 SOUTH U.S. HIGHWAY 1
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3612
FORT PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 65-0017366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITCHER, SHARON
3130 SOUTH U.S HIGHWAY 1
FT. PIERCE, FL 34982 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: S
Name: LACY, LINDA
Address: 2951 BENT PINE DR.
City-St-Zip: FT PIERCE, FL 34951

Title: ADMP
Name: BRITCHER, SHARON
Address: 1301- A PEPPERTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34950

Title: PD
Name: DONOVAN, KATHLEEN
Address: 251 BERMUDA BEACH DR.
City-St-Zip: FT. PIERCE, FL 34949

Title: D
Name: CRIPPEN, STAN
Address: 16 CASTLE COURT
City-St-Zip: FORT PIERCE, FL 34949

Title: VP
Name: MALONEY, TIM
Address: 933 S.W. ABINGDON AV.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T
Name: COLEMAN, ROBERT REV.
Address: 1707 VALENCIA AVE.
City-St-Zip: FORT PIERCE, FL 34946

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: SHARON BRITCHER

ADMP

02/02/2010

Electronic Signature of Signing Officer or Director

Date