

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24482

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** PASS IT ON MINISTRIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

14617 NW 7TH AVENUE  
MIAMI, FL 33168 US

**New Principal Place of Business:**

**Current Mailing Address:**

14617 NW 7TH AVENUE  
MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 65-0060244      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DALRYMPLE, DORIS K  
14617 NW 7TH AVENUE  
MIAMI, FL 33168 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 ( ) Delete  
Name: ALOISE, DENISE EDE  
Address: 1026 NE 90 ST  
City-St-Zip: MIAMI, FL 33138

Title: PD ( ) Delete  
Name: DALRYMPLE, DORIS K  
Address: 107 N.E. 91 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SDTD ( ) Delete  
Name: RAGONE, CAROL A  
Address: 11625 GRIFFEN BLVD  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: VPD ( ) Delete  
Name: GOURLEY, RICHARD T  
Address: 6971 SHARP CROFT CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: BRYANT, MARK  
Address: 370 GRAND CONCOURSE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D (X) Delete  
Name: ELLIGAN, IRVIN  
Address: 8431 NW 12 AVE.  
City-St-Zip: MIAMI, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SDTD (X) Change ( ) Addition  
Name: RAGONE, CAROL A  
Address: 11625 GRIFFING BLVD  
City-St-Zip: BISCAYNE, FL 33161

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: DORIS K. DALRYMPLE

PRES

04/21/2009

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

\_\_\_\_\_  
Date