

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36436

FILED
Apr 04, 2009
Secretary of State

Entity Name: THE GREAT STAR, APOSTLE PAUL MINISTRY, INC.

Current Principal Place of Business:

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI, FL 33056

New Principal Place of Business:

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI GARDENS, FL 33056

Current Mailing Address:

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI, FL 33056

New Mailing Address:

%REV LOUISE LEWIS
2831 NW 184TH ST
MIAMI GARDENS, FL 33056

FEI Number: 65-0269362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, LOUISE REV
2831 NW 184TH ST
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

LEWIS, LOUISE REV
2831 NW 184TH ST
MIAMI GARDENS, FL 33056 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: _____

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULPHER, LUCILLE
Address: 2980 NW 88TH STREET
City-St-Zip: MIAMI, FL 33147

Title: STD () Delete
Name: BARRY, OLLIE
Address: 7231 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL

Title: PD () Delete
Name: LEWIS, LOUISE
Address: 2831 N.W. 184TH ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BENNETT, BARBARA
Address: 20832 N.W. 23RD CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: BARRY, OLLIE
Address: 4360 N.W. 174TH DRIVE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: PD (X) Change () Addition
Name: LEWIS, LOUISE
Address: 2831 N.W. 184TH ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D (X) Change () Addition
Name: WILLIAMS, CHARLENE
Address: 8402 N.W. 5TH PLACE
City-St-Zip: MIAMI, FL 33150

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: LOUISE LEWIS

PD

04/04/2009

Electronic Signature of Signing Officer or Director

Date