




FILED
Mar 17, 2008 08:00 A
Secretary of State

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|--|---|---|--|---|--|
| DOCUMENT # N38205 1. Entity Name FULNESS MINISTRIES INTERNATIONAL, INC. | |  | | Secretary of State | |
| Principal Place of Business 957 SW 71 AVENUE NORTH LAUDERDALE, FL 33068 US | | Mailing Address 2575 COLUMBIANA RD BIRMINGHAM, AL 35216 US | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 02042008 No Chg-NP CR2E037 (4/06) | |
| | | | | 4. FEI Number 65-0200121 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROOKINS, JIMMY L. 957 SW 71 AVENUE NORTH LAUDERDALE, FL 33068 | | | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 04/03/08-30001-016 61.25 | |
| 10. OFFICERS AND DIRECTORS | | | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROOKINS, JIMMY L. 957 SW 71 AVENUE NORTH LAUDERDALE, FL 33068 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD SITTON, ROBERT 105 NW 104 TERRACE CORAL SPRINGS, FL 33071 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GREENFIELD, NIKKI 3516 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAGAN, ORLANDO 12114 NW 27 DR. CORAL SPRINGS, FL 33065 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FA GREER, STACEY 2575 COLOMBIANA RD BIRMINGHAM, AL 35216 | | | | |
| TITLE 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:  3-14-2008 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |