

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 09, 2008
Secretary of State

DOCUMENT# N44950

Entity Name: MORE THAN CONQUERORS MINISTRIES INC.**Current Principal Place of Business:**1901 CORAL RIDGE DR
CORAL SPRINGS, FL 33071 US**New Principal Place of Business:****Current Mailing Address:**1901 CORAL RIDGE DR
CORAL SPRINGS, FL 33071 US**New Mailing Address:****FEI Number:** 65-0270929 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOUZA, ALDO L.
5242 NW 113TH AVENUE
CORAL SPRINGS, FL 33076 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:** PD () Delete
Name: SOUZA, ALDO L.
Address: 5242 NW 113TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076**Title:** T () Delete
Name: DA COSTA, LAURY,
Address: 3814 WOODFIELD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33073**Title:** S () Delete
Name: DA COSTA, ALEXANDRE,
Address: 7726 NW 25 ST
City-St-Zip: MARGATE, FL**Title:** VD () Delete
Name: DA SILVA E SOUZA, VIVIANE
Address: 5242 NW 113TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33073**Title:** AT () Delete
Name: BEZERRA, MARCO
Address: 5060 NW 64TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067**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:**Title:** AT (X) Change () Addition
Name: COSTA, CARLA
Address: 7746 NW 25TH STREET
City-St-Zip: MARGATE, FL 33063

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: LAURY DA COSTA

T

09/09/2008

Electronic Signature of Signing Officer or Director

Date