

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46961

FILED
May 04, 2009
Secretary of State

Entity Name: DEAF MISSIONS INTERNATIONAL INC.

Current Principal Place of Business:

6922 142ND AVE. N.
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8514
CLEARWATER, FL 337588514 US

New Mailing Address:

FEI Number: 59-2381827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOUTZOUKAS, MICHAEL E
704 WEST BAY STREET
TAMPA, FL 33606 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: PT () Delete
Name: M. ELDENY HALE
Address: 24862 US 19 N. #1801 A
City-St-Zip: CLEARWATER, FL

Title: TT () Delete
Name: YVONNE MILLIKIN
Address: 4000 DIAMOND MILL RD.
City-St-Zip: DAYTON, OH

Title: ST () Delete
Name: CAROLYN CARR
Address: 3992 RIDGEWOOD DR.
City-St-Zip: TITUSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: M. ELDENY HALE
Address: 24862 US 19 N. #1801 A
City-St-Zip: CLEARWATER, FL 33263 US

Title: TT (X) Change () Addition
Name: YVONNE MILLIKIN
Address: 4000 DIAMOND MILL RD.
City-St-Zip: DAYTON, OH 45426 US

Title: ST (X) Change () Addition
Name: CAROLYN CARR
Address: 2127 KINGS CROSS ST.
City-St-Zip: TITUSVILLE, FL 32796 US

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: M. ELDENY HALE

PT

05/04/2009

Electronic Signature of Signing Officer or Director

Date