

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001762

FILED
Apr 20, 2008
Secretary of State

Entity Name: MINISTRIES OF INTEGRITY, INC.

Current Principal Place of Business:

515 FIRST STREET
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

515 FIRST STREET
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3175305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, JERRY
515 FIRST STREET
CHIPLEY, FL 32428 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: DP () Delete
Name: HARRELL, JERRY
Address: 515 FIRST ST
City-St-Zip: CHIPLEY, FL 32428

Title: DSVP () Delete
Name: HARRELL, SUE
Address: 515 FIRST ST
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: POE, GINA
Address: 3584 ADAMS CT
City-St-Zip: TYNDALL AFB, FL 32403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: POE, GINA
Address: 311 MILL CREEK DR.
City-St-Zip: SOUTHPORT, FL 32405

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: JERRY HARRELL

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date