

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003379

FILED
Jan 05, 2009
Secretary of State

Entity Name: MARY CRAIG MINISTRIES, INC.

Current Principal Place of Business:

114 E. MCNAB RD.
POMPANO PLAZA
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0429517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, W J
5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE, FL 33308 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: D () Delete
Name: CRAIG, MARY
Address: 5991 NE 18TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SD () Delete
Name: PATTEN, BETTY L
Address: 8601 PALISADES LAKES DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: RICHARDSON, MARK DR
Address: 2524 12TH SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP () Delete
Name: BORMAN, JOANNA C
Address: 17212 CHRISWELL RD
City-St-Zip: POOLESVILLE, MD 20837

Title: TD () Delete
Name: BARLOW, WANDA CPA
Address: 8246 NW 16 STREET
City-St-Zip: CORAL SPRINGS, FL

Title: PD () Delete
Name: CRAIG, REV. WALTER J
Address: 5991 NE 18 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CRAIG, MARY J DR.
Address: 5991 NE 18TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33308

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

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

Title: VP (X) Change () Addition
Name: BORMAN, JOANNA C
Address: 17212 CHRISWELL RD
City-St-Zip: POOLESVILLE, MD 20837

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

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

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: REV. WALTER J. CRAIG

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date