

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003379

FILED
Jan 16, 2012
Secretary of State

Entity Name: MARY CRAIG MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE, FL 33308 US

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 REV.
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
Name: CRAIG, MARY J DR.
Address: 5991 NE 18TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33308 US

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

Title: D
Name: PATTEN, DAVID
Address: 8601 PALISADES LAKES DR
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP
Name: BORMAN, JOANNA C
Address: 17212 CHISWELL RD
City-St-Zip: POOLESVILLE, MD 20837 US

Title: TD
Name: BARLOW, WANDA CPA
Address: 8246 NW 16 STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

I hereby 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 all other like empowered.

SIGNATURE: MARY J. CRAIG

D

01/16/2012

Electronic Signature of Signing Officer or Director

_____ Date