2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

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Entity Name: OPERATION PHILLIP MINISTRY "LED BY THE SPIRIT", INC.

Current Principal Place of Business:

700 SW 8TH AVENUE
#14
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

700 SW 8TH AVENUE
#14
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-3373176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, RUBEN PD
700 SW 8TH AVENUE
#14
HALLANDALE, FL 33009 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: VAZQUEZ, RUBEN
Address: C/O 700 SW 8TH AVENUE #14
City-St-Zip: HALLANDALE, FL 33009 US

Title: SD ( ) Delete
Name: VAZQUEZ, LUZ A
Address: C/O 700 SW 8TH AVENUE #14
City-St-Zip: HALLANDALE, FL 33009 US

Title: D ( ) Delete
Name: VAZQUEZ, RAQUEL
Address: C/O 700 SW 8TH AVENUE #14
City-St-Zip: HALLANDALE, FL 33009 US

Title: TD ( ) Delete
Name: LEBRON, JOSE L
Address: C/O 700 SW 8TH AVENUE #14
City-St-Zip: HALLANDALE, FL 33009 US

Title: D ( ) Delete
Name: DILLON, RUTH N
Address: C/O 700 SW 8TH AVENUE #13
City-St-Zip: HALLANDALE, FL 33009

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: NIEVES, JOSUE
Address: 13671 SW 260 TH LANE
City-St-Zip: HOMESTEAD, FL 33032 US

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

Title: D (X) Change ( ) Addition
Name: VELEZ, BRENDA M
Address: 13671 SW 260 TH LANE
City-St-Zip: HOMESTEAD, FL 33032

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: RUBEN VAZQUEZ PD 03/30/2009

Electronic Signature of Signing Officer or Director — Date