

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006476

FILED
Aug 24, 2008
Secretary of State

Entity Name: PROPHETIC PEOPLE MINISTRIES, INC.

Current Principal Place of Business:

18801 BELVIEW DR
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18801 BELVIEW DR
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0726189 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:

SPENCER, NORMAN S REV.
18801 BELVIEW DR
MIAMI, FL 33157 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: P () Delete
Name: SPENCER, NORMAN S REV.
Address: 18801 BELVIEW DR
City-St-Zip: MIAMI, FL 33157 US

Title: SDT () Delete
Name: SPENCER, MARGARITA REV.
Address: 18801 BELVIEW DR
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: HARMON, JOANN REV.
Address: 11003 SW 88 STREET B-102
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: NOWAK, CHRISTOPHER S REV.
Address: 1104 WILMA ST.
City-St-Zip: MOUNTAIN GROVE, MO 65711 US

Title: D () Delete
Name: MCANULTY, KEVIN D REV.
Address: 472 RED ROBIN LA
City-St-Zip: POPLAR BLUFF, MO 63901 US

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: HARMON, JOANN REV.
Address: 32 BLUEBIRD LANE
City-St-Zip: NEW ORLEANS, LA 70124

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: NORMAN S. SPENCER

P

08/24/2008

Electronic Signature of Signing Officer or Director

Date