2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N96000006476

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)**

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:	32 BLUEBIRD LANE	
City-St-Zip:	NEW ORLEANS, LA 70124	
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:	681 S. HOLLYBROOK DR. BLDG. #27 APT. #107	
City-St-Zip:	PEMBROKE PINES, FL 33035	
Title:	D	(X) Change ( ) Addition
Name:	ALVAREZ, JOSHUA C MIN.	
Address:	18801 BELVIEW DR	
City-St-Zip:	MIAMI, FL 33157 US	
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: MARGARITA SPENCER SDT 04/06/2009

Electronic Signature of Signing Officer or Director — Date