

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001874

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MASIHI MEDIA MINISTRY CHURCH, INC.

**Current Principal Place of Business:**

705 BUSBEE AVENUE, STE. B  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 607358  
ORLANDO, FL 328607358 US

**New Mailing Address:**

FEI Number: 59-3444259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALEB, BENEDICT  
705 BUSBEE AVE STE B  
APOPKA, FL 32703 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: CALEB, BENEDICT D REV.  
Address: 705 BUSBEE AVE STE. B  
City-St-Zip: APOPKA, FL 32703

Title: VD ( ) Delete  
Name: MCCAMBRIDGE, HAROLD  
Address: 7519 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

Title: SD ( ) Delete  
Name: PASTORE, MILDRED  
Address: 147 GOLF CLUB DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: CALEB, JASMINE D REV  
Address: 705 BUSBEE AVE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BENEDICT D. CALEB

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date