# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2009**
**Secretary of State**

DOCUMENT# N97000005162

**Entity Name:** BILL RICE INTERNATIONAL MINISTRIES INC

**Current Principal Place of Business:**

19730 SW 12TH ST
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 821867
SOUTH FLORIDA, FL 33082

**New Mailing Address:**

**FEI Number: 65-0778730** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**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:**

RICE, BILL
19730 SW 12TH ST
PEMBROKE PINES, FL 33029 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/S ( ) Delete
Name: RICE, BILL
Address: 19730 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DC ( ) Delete
Name: JONES, WILLIE
Address: 2261 NW 58 ST
City-St-Zip: MIAMI, FL 33142

Title: VP/T ( ) Delete
Name: MORALES, JOAN
Address: 19730 SW 12ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: KING, LISA
Address: 6876 SPIDER LILY LANE
City-St-Zip: LAKE WORTH, FL 33462

**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: JOAN MORALES VP 05/04/2009
Electronic Signature of Signing Officer or Director — Date