

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006488

FILED
Jan 13, 2007
Secretary of State

Entity Name: KWELI INTERNATIONAL MISSION, INC.

Current Principal Place of Business:

319 ANDERSON ST., N.E.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

319 ANDERSON ST., N.E.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0805298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDY, JOAN
319 ANDERSON ST., N.E.
LAKE PLACID, FL 33852 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: GREY, JESSE J III
Address: PO BOX 3286
City-St-Zip: LAKE PLACID, FL 33862

Title: VP () Delete
Name: GREY, WINIFRED B
Address: PO BOX 3286
City-St-Zip: LAKE PLACID, FL 33862

Title: ST () Delete
Name: LUNDY, JOAN
Address: 319 ANDERSON ST., N.E.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LUNDY, RICHARD J
Address: 319 ANDERSON ST., N.E.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: PASTOR DANNY MILUTIN,
Address: 3401 MIDDLE RD
City-St-Zip: HIGHLAND, MI 48357

Title: D () Delete
Name: PASTOR KELLY VARNER,
Address: P O BOX 785
City-St-Zip: RICHLAND, NC 28574

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:

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 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 LUNDY

ST

01/13/2007

Electronic Signature of Signing Officer or Director

Date