2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N97000006488

Entity Name: KWELI INTERNATIONAL MISSION, INC.

Current Principal Place of Business:

413 KENT AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

413 KENT AVENUE
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
413 KENT AVENUE
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 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: WINIFRED B. GREY VP 04/30/2009
Electronic Signature of Signing Officer or Director — Date