

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000216

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** DAN MCCRAW MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725

**New Mailing Address:**

**FEI Number:** 59-3528557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRAW, DAN  
1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725 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: D ( ) Delete  
Name: BOBERG, ALFRED B  
Address: P. O. BOX 479 N/A  
City-St-Zip: MADERA, CA 93637

Title: D ( ) Delete  
Name: YAKLIGIAN, JOHN  
Address: 21636 AVE. 18 1/2  
City-St-Zip: MADERA, CA 93637

Title: D ( ) Delete  
Name: PEFFLY, TIM  
Address: 713 CHATEAU PLACE  
City-St-Zip: MADERA, CA 93637

Title: D ( ) Delete  
Name: AHL, TOM  
Address: 4730 ABNAKI TRAIL  
City-St-Zip: LIMA, OH 45805

Title: D ( ) Delete  
Name: DOYLE, STEVE  
Address: 1240 N. KEMP RD.  
City-St-Zip: LIMA, OH 45807

Title: D ( ) Delete  
Name: DEFFENBACHER, MARK  
Address: 1717 S. CHESTNUT AVE.  
City-St-Zip: FRESNO, CA 93702

**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: DAN MCCRAW

DIR

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date