2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003100

Entity Name: PEOPLE FOR CHRIST MINISTRIES INC.

FILED Apr 01, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
10511 MAIN THONOTO	NST SASSA, FL 33592				
Current Mailing Address:			New Mailing Address:		
POST OFFICE BOX 1427 THONOTOSASSA, FL 335921427					
FEI Number:	59-3570591 FEI Number Applied I	For () FEI Nun	nber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
HADDEN, ⁵ 5336 WATS RIVERVIEV			HADDEN, ⁵ 5336 WATS RIVERVIEV		
The above in the State		nt for the purpose o	f changing it	ts registered office or registered agent, or both,	
SIGNATURE:				04/01/2008	
	Electronic Signature of Regis	tered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete HADDEN, THOMAS L 5336 WATSON ROAD RIVERVIEW, FL 33569		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HADDEN, THOMAS L 5336 WATSON ROAD RIVERVIEW, FL 33578	
Title: Name: Address: City-St-Zip:	D () Delete HADDEN, ANGIE L 5336 WATSON ROAD RIVERVIEW, FL 33569		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HADDEN, ANGIE L 5336 WATSON ROAD RIVERVIEW, FL 33578	
Title: Name: Address: City-St-Zip:	D () Delete RANDALL, REGINALD O 3008 E 27TH AVE TAMPA, FL 33605		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete POWELL, MICHAEL 1209 ALEXANDROS OAK PL TAMPA, FL 33619		Title: Name: Address: City-St-Zip:	M (X) Change () Addition POWELL, MICHAEL 10415 FROG POND DR RIVERVIEW, FL 33578	
Title: Name: Address: City-St-Zip:	D () Delete OWENS, DAVID 1510 WISHING WELL WAY TAMPA, FL 33619		Title: Name: Address: City-St-Zip:	M (X) Change () Addition OWENS, DAVID 1924 E. FRIERSON AVE TAMPA, FL 33610	
Title: Name: Address: City-St-Zip:	M () Delete STEVENS, BAXTER 212 CHARDONNAY PL. VALRICO, FL 33594		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: ANGIE L. HADDEN D 04/01/2008