

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003100

FILED
Jan 07, 2009
Secretary of State

Entity Name: PEOPLE FOR CHRIST MINISTRIES INC.

Current Principal Place of Business:

10511 MAIN ST
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1427
THONOTOSASSA, FL 335921427

New Mailing Address:

FEI Number: 59-3570591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HADDEN, THOMAS L
5336 WATSON RD
RIVERVIEW, FL 33578 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: HADDEN, THOMAS L
Address: 5336 WATSON ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Delete
Name: HADDEN, ANGIE L
Address: 5336 WATSON ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Delete
Name: RANDALL, REGINALD O
Address: 3008 E 27TH AVE
City-St-Zip: TAMPA, FL 33605

Title: M () Delete
Name: POWELL, MICHAEL
Address: 10415 FROG POND DR
City-St-Zip: RIVERVIEW, FL 33578

Title: M () Delete
Name: OWENS, DAVID
Address: 1924 E. FRIERSON AVE
City-St-Zip: TAMPA, FL 33610

Title: M () Delete
Name: STEVENS, BAXTER
Address: 212 CHARDONNAY PL.
City-St-Zip: VALRICO, FL 33594

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
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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: THOMAS L HADDEN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date