2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007016

Entity Name: SINS INTERNATIONAL MINISTRIES INC

FILED Apr 15, 2009 Secretary of State

_many man		TERM THOMAL WINDOWN	, 1140.			
Current P	rincipal Place	of Business:	New Principal Place of Business:			
209 REDV CASSELB	VING CT ERRY, FL 327	707				
Current M	lailing Addres	ss:	New Mailing Address:			
	FICE BOX 180 ERRY, FL 327					
FEI Number: 59-3609871 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
1840 SW 2 4TH FLOO		Α.				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD () LEMAY, MICHA 209 RED WING CASSELBERR	COURT	Title: Name: Address: City-St-Zip:	LEMAY, MICH 209 REDWIN		
Title: Name: Address: City-St-Zip:	VSD () LEMAY, REBE 209 RED WING CASSELBERR	COURT	Title: Name: Address: City-St-Zip:	LEMAY, REBI 209 REDWIN		
Title: Name: Address: City-St-Zip:	D () SMITH, WILLIA 8280 S HWY 1 FERN PARK, F	7-92	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JORDAN, KEVI 2623 FRANKLII WINTER PARK	N AVE.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name:	D () SERGIO, MIRA) Delete NDA	Title: Name:	D (MIRANDA, SE	X) Change ()Addition ERGIO	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. LEMAY PTD 04/15/2009

1587 PURITAN STREET

DELTONA, FL 32725

Address: City-St-Zip: 2772 CANDLE WOOD CT.

APOPKA, FL 32703