

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002731

Entity Name: MIRROR IMAGE MINISTRIES INC.**Current Principal Place of Business:**1163 HUTCHINS ST SE
PALM BAY, FL 32909**Current Mailing Address:**1163 HUTCHINS ST SE
PALM BAY, FL 32909**FEI Number:** 04-3621482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAYNE, ALAN JR.
1163 HUTCHINS ST SE
PALM BAY, FL 32909 US*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**Officer/Director Detail :**

Title	PD
Name	PAYNE, GEORGIANNA
Address	1163 HUTCHINS ST SE
City-State-Zip:	PALM BAY FL 32909

Title	D
Name	PAYNE, ALAN JR
Address	1163 HUTCHINS ST SE
City-State-Zip:	PALM BAY FL 32909

Title	D
Name	PAYNE, GABRIEL
Address	1163 HUTCHINS ST SE
City-State-Zip:	PALM BAY FL 32909

Title	D
Name	PAYNE, SIMON
Address	1163 HUTCHINS ST SE
City-State-Zip:	PALM BAY FL 32909

Title	D
Name	PAYNE, ALAN
Address	7481 24ST
City-State-Zip:	SACRAMENTO CA 95822

Title	D
Name	PAYNE, ROBBIE
Address	1163 HUTCHINS ST SE
City-State-Zip:	PALM BAY FL 32909

I hereby 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 all other like empowered.

SIGNATURE: ALAN PAYNE**PRES****03/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date