

Amended

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

Fernand Jan 3, 423,000		
1. Corporate ID No. 2. Name of Corporation 104233 MINISTERS CONFERE	ENCE EMPOWERMENT	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 87 ALILEA 81	REET PRIVIDENCE RI 02907	
5. Foreign corporation. Enter principal office address	City State Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island		
TO PROMOTE THE KINGOOM OF GUD OF JESUS CHRIST THROUGH ONFER		
President Name Rev Valentya Olawayin	Moses clawatern clawoyun	
Street Address At The Street	Street Address Westawe West	
city providente state RI 2102907	Manisfield State Texas 210 76063	
Keyode Anosanya	Treasurer Name Mayy WWY Oly	
Street Address 221 Sunater Sweet	Street Address Wist 9 MVC Court	
Production of State RI Dispersion of the Directors: ("X" BOX FOR ATTAC.	Monsfield state Zas Zip HMENTY FILL IN SPACES BEFORE USING ATTACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
Director Name Dea Coness Grace Dawryin	Rev Philip Fercines1	
Street Address 87 Althou sweet	Street Address 42 Homer STV ext	
city Providence state RI 2102907	Prondence State 219 15 11	
Director Name Oyenuce Anuce Awonauce	Director Name	
Street Address 23007 Amiser Lane	Street Address 2	
Ruhston and IL 60471 9. REGISTERED AGENT IN RHODE ISLAND	City State Zip	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		

	ILLED	
	SEP 22 2009	
	By	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	944	statements contained herein are true and correct.
Check No.		Signature of Officer V Date Rev Valentin O GWTYIN
Ву:		Print or Type Name of Officer
FOR SECRETARY OF ST	TATE USE ONLY	Title of Officer Form 631 Rev. 09/17



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

