2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N00000007676

Entity Name: TIMOTHY MARK MINISTRIES, INC.

Current Principal Place of Business:

2012 DENHAM AVE
COLUMBIA, TN 38401

New Principal Place of Business:

Current Mailing Address:

PO BOX 2003
COLUMBIA, TN 38402

New Mailing Address:

FEI Number: 65-1054004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, BRENT M
135 CREEK DR
PORT CHARLOTTE, FL 33952 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: PD ( ) Delete
Name: PICKELL, TIMOTHY
Address: 2012 DENHAM AVE
City-St-Zip: COLUMBIA, TN 38401

Title: VD ( ) Delete
Name: PICKELL, STEPHEN
Address: 16 AMBERVIEW CT
City-St-Zip: COLDWATER, MI 49036

Title: STD ( ) Delete
Name: SIMPSON, DAVID
Address: 19543 PINEY LAKE DR
City-St-Zip: SPRING, TX 77388

Title: D (X) Delete
Name: CROSS, JOHN
Address: 13000 TAMIAMI TR
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Delete
Name: MCCOY, TOM
Address: 1551 W HARPETH RD
City-St-Zip: FRANKLIN, TN 37064

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
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: TIMOTHY MARK PICKELL PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date