

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001418

FILED
Apr 24, 2006
Secretary of State

Entity Name: TOLSON MINISTRIES, INC.

Current Principal Place of Business:

10357 WINDEMERE CHASE BLVD.
GOTHA, FL 347344719

New Principal Place of Business:

Current Mailing Address:

10357 WINDEMERE CHASE BLVD.
GOTHA, FL 347344719

New Mailing Address:

FEI Number: 30-0054280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLSON, WARREN L PRES.
10357 WINDEMERE CHASE BLVD.
GOTHA, FL 347344719 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: PRES () Delete
Name: TOLSON, WARREN L
Address: 10357 WINDEMERE CHASE BLVD.
City-St-Zip: GOTHA, FL 347344719

Title: V.P. () Delete
Name: TOLSON, PAMELA
Address: 10357 WINDEMERE CHASE BLVD.
City-St-Zip: GOTHA, FL 347344719

Title: SEC. () Delete
Name: DANIELS, KIMBERLY
Address: 2704 ALAMOSA DR.
City-St-Zip: LAKE MARY, FL 32716

Title: TRES () Delete
Name: CULPEPPER, SHIRLEY
Address: 591 AVON GLADE PLACE
City-St-Zip: SANFORD, FL 32771

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA TOLSON

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date