

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001418

FILED  
Jul 27, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 34734 US

Title: V.P. ( ) Delete  
Name: TOLSON, PAMELA  
Address: 10357 WINDEMERE CHASE BLVD.  
City-St-Zip: GOTHA, FL 34734 US

Title: SEC. ( ) Delete  
Name: DANIELS, KIMBERLY  
Address: 107 CRYSTAL RIDGE COURT  
City-St-Zip: LAKE MARY, FL 32716

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

**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: TRES (X) Change ( ) Addition  
Name: FREEMAN, IRIS  
Address: 591 AVON GLADE PLACE  
City-St-Zip: SANFORD, FL 32771 US

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: PAMELA TOLSON

VP

07/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date