

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000970

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** TRAVELERS EVANGELISTIC OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

1441 FALLEN CREEK ROAD  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 443  
LAKE CITY, FL 32046

**New Mailing Address:**

**FEI Number:** 11-3727910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAINEY, BETTY  
13909 SE 51 COURT  
SUMMERFIELD, FL 34491 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: VP ( ) Delete  
Name: RAINEY, BETTY  
Address: 13909 SE 51 COURT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: P ( ) Delete  
Name: RAINEY, ALLEN  
Address: 13909 SE 51 COURT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: S ( ) Delete  
Name: TUCKER, RUBY  
Address: 3520 3RD STREET  
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete  
Name: TIMMONS, TAWANNA  
Address: 5885 NW 11TH PLACE  
City-St-Zip: OCALA, FL 34482

**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 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: ALLEN RAINEY

P

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date