

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N06000009566

Entity Name: SERVANTS HELPING INDIVIDUALS FORMULATE TRANSITIONAL TOOLS INC.

Current Principal Place of Business:

7001 SEABURY CT
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7001 SEABURY CT
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-5562875 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKAHAN, DARRYN
7001 SEABURY CT
TAMPA, FL 33615 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: KING, DARYLL
Address: 7001 SEABURY CT
City-St-Zip: TAMPA, FL 33615 US

Title: VPD () Delete
Name: CUELLAR, LELAND
Address: 510 KINGSWAY RD
City-St-Zip: BRANDON, FL 33510 US

Title: TD () Delete
Name: BELL, KEVIN
Address: 9916 COURTNEY PALMS BLVD
City-St-Zip: TAMPA, FL 33619 US

Title: SD () Delete
Name: MCKAHAN, DARRYN
Address: 4255 W HUMPHREY ST, UNIT 3014
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CUELLAR, LELAND
Address: 7001 SEABURY CT
City-St-Zip: TAMPA, FL 33615 US

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: DARYLL KING

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date