2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# N06000012096

Entity Name: TIM AND GAYE GOAD MINISTRIES, INC.

Current Principal Place of Business:

218 EASTPARK DR
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

P O BOX 592778
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 20-5925092 **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:

SHUFFIELD, W. CHARLES ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE - STE 1700
ORLANDO, FL 32801 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: D ( ) Delete
Name: GROSSHANS, TIMOTHY J
Address: 4445 WINDERWOOD CIR
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: NELSON, THERON D
Address: 22706 EAST 8 AVE
City-St-Zip: LIBERTY LAKE, WA 99019

Title: D ( ) Delete
Name: STORMS, GORDON L
Address: 6721 WAKEHURST RD
City-St-Zip: CHARLOTTE, NC 28226

Title: PS ( ) Delete
Name: GOAD, TIMOTHY L
Address: 218 EASTPARK DR
City-St-Zip: CELEBRATION, FL 34747

Title: VT ( ) Delete
Name: GOAD, DEBORAH GAYE
Address: 218 EASTPARK DR
City-St-Zip: CELEBRATION, FL 34747

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: DEBORAH GAYE GOAD VT 09/11/2008

Electronic Signature of Signing Officer or Director — Date