

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012096

FILED  
Feb 08, 2012  
Secretary of State

**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:**

218 EASTPARK DR  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 20-5925092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: GROSSHANS, TIMOTHY J  
Address: 4445 WINDERWOOD CIR  
City-St-Zip: ORLANDO, FL 32835

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** TIM GOAD

PRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date