

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004208

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** TIMES OF REFRESHING MINISTRIES, INC.

**Current Principal Place of Business:**

523 MICHIGAN LANE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

512 TRENTON STREET  
FT WALTON, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3262494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMSON, FRANK C  
512 TRENTON STREET  
FT WALTON, FL 32547 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: WILLIAMSON, FRANK C  
Address: 512 TRENTON ST  
City-St-Zip: FT WALTON, FL 32547

Title: D ( ) Delete  
Name: WILLIAMSON, ROBIN L  
Address: 512 TRENTON ST  
City-St-Zip: FT WALTON, FL 32547

Title: D ( ) Delete  
Name: RICHARDSON, TOM  
Address: 441 ROSS RD  
City-St-Zip: FT WALTON, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: WILLIAMSON, MARK  
Address: 302 THORNHILL ROAD  
City-St-Zip: FT WALTON, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK WILLIAMSON

D

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date