

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011070

**Entity Name:** THE TRANSFORMATION CENTER, INC.

**Current Principal Place of Business:**

2802 SR 60  
EAST VALRICO, FL 33954

**Current Mailing Address:**

C/O PASTOR ODANE JAMES  
3410 CASTLE STONE COURT  
VALRICO, FL 33594 US

**FEI Number: 45-3859448**

**Certificate of Status Desired: No**

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

JAMES, ODANE  
3410 CASTLE STONE COURT  
MIAMI, FL 33594 US

*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

**Officer/Director Detail :**

Title PCEO  
Name JAMES, ODANE  
Address 3410 CASTLE STONE COURT  
City-State-Zip: VALRICO FL 33594

Title CFO  
Name POWELL, MARVIN  
Address 10742 STANDING STONE DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title D  
Name JAMES, DAFTON  
Address 1503 SW 161 AVE  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name JAMES, TIFFANY  
Address 545 NW 210TH ST #104  
City-State-Zip: MIAMI FL 33169

Title S  
Name EDWARDS, CHEYENNE  
Address 3515 40TH ST SOUTH #40-G  
City-State-Zip: ST PETERSBURG FL 33711

Title DIRECTOR OF OPERATIONS  
Name POWELL, MISHA  
Address 10742 STANDING STONE DRIVE  
City-State-Zip: WIMAUMA FL 33598

*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: ODANE JAMES**

**CEO**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date