

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011070

Entity Name: THE TRANSFORMATION CENTER, INC.**Current Principal Place of Business:**9820 BAY PLAZA BLVD.
SUITE 724
TAMPA, FL 33619**Current Mailing Address:**C/O PASTOR ODANE JAMES
3410 CASTLE STONE COURT
VALRICO, FL 33594 US**FEI Number:** 45-3859448**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAMES, ODANE
3410 CASTLE STONE COURT
VALRICO, 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	3410 CASTLE STONE COURT
City-State-Zip:	VALRICO FL 33594

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

Title	DEACON
Name	WEST, CEDRICK
Address	14235 ALISTAR MANOR DR
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**PRESIDENT****01/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date