2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# 759898

Entity Name: TALBOT HOUSE MINISTRIES OF LAKELAND, INC.

Current Principal Place of Business:

814 NO KENTUCKY AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 902
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-2151802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JONES, STEVE ATD
820 CUMBERLAND STREET
LAKELAND, FL 33801 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:	VD	( ) Delete
Name:	SCHMIDT, JIM	
Address:	724 SAGEWOOD DR	
City-St-Zip:	LAKELAND, FL 33813	
Title:	CSD	( ) Delete
Name:	TIDWELL, ALICE	
Address:	753 BARBER CIRCLE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	RSD	( ) Delete
Name:	HERRICK, JOANN	
Address:	530 S. FLORIDA AVE # 1002	
City-St-Zip:	LAKELAND, FL 33801	
Title:	PD	( ) Delete
Name:	LOBINSKY, JAMES	
Address:	1077 SUGERTREE DR. N.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	ATD	( ) Delete
Name:	JONES, STEVE	
Address:	820 CUMBERLAND STREET	
City-St-Zip:	LAKELAND, FL 33801	
Title:	TD	( ) Delete
Name:	DANIEL, RONALD	
Address:	6866 CRESCENT OAKS CIRCLE	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CSD	(X) Change ( ) Addition
Name:	JOHNSON, JEAN	
Address:	1421 ALAMEDA DR	
City-St-Zip:	LAKELAND, FL 33805	
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: JAMES LOBINSKY PD 06/16/2009
Electronic Signature of Signing Officer or Director — Date