## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000431

Entity Name: TRANSFORMING MINISTRIES, INC.

Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4370 HWY 59 **BOX 215** LLOYD, FL 32337 **New Mailing Address: Current Mailing Address:** P.O. BOX 215 LLOYD, FL 32337 US FEI Number: 36-4145468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCHHOLTZ, BEVERLY REV. 4370 HWY 59 **BOX 215** LLOYD, FL 32337 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BUCHHOLTZ, TIMOTHY C BUCHHOLTZ, TIMOTHY C REV Name: Name: 4370 HWY 59, BOX 215 Address: 4370 HWY 59, BOX 215 Address: LLOYD, FL 32337 US City-St-Zip: LLOYD, FL 32337 US City-St-Zip: Title: vvcs () Delete Title: (X) Change ( ) Addition BUCHHOLTZ, BEVERLY Name: BUCHHOLTZ, BEVERLY REV Name: Address: 4370 HWY 59, BOX 215 Address: 4370 HWY 59, BOX 215 City-St-Zip: LLOYD, FL 32337 US City-St-Zip: LLOYD, FL 32337 US Title: () Delete Title: (X) Change ( ) Addition GRIFFIN, DAVID MANSER, NORITA M Name: Name: 187 DONALD STREET, P.O. BOX 736 Address: 9658 DEER VALLEY DRIVE Address:

City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: HINCKLEY, IL 60520 US Title: ( ) Delete Title: Name: MANSER, NORITA M Name: YOUMANS, MELVIN 484 FOREST GREEN DRIVE Address: 187 DONALD STREET, P.O.BOX 736 Address: City-St-Zip: HINCKLEY, IL 60520 US City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Delete Title: (X) Change ( ) Addition YOUMANS, MELVIN GERRELL, DON REV Name: Name: 484 FOREST GREEN DRIVE 2716 PARSONS REST Address: Address:

City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32308 US Title: (X) Delete Title: () Change () Addition

GERRELL. DON Name: Name: Address: 2716 PARSONS REST Address: TALLAHASSEE, FL 32308 US City-St-Zip: 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: TIMOTHY C. BUCHHOLTZ PC 04/23/2008

(X) Change ( ) Addition