

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000431

FILED
Apr 27, 2009
Secretary of State

Entity Name: TRANSFORMING MINISTRIES, INC.

Current Principal Place of Business:

4370 HWY 59
BOX 215
LLOYD, FL 32337 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 215
LLOYD, FL 32337 US

New Mailing Address:

FEI Number: 36-4145468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHHOLTZ, BEVERLY REV.
4370 HWY 59
BOX 215
LLOYD, FL 32337 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: PC () Delete
Name: BUCHHOLTZ, TIMOTHY C REV
Address: 4370 HWY 59, BOX 215
City-St-Zip: LLOYD, FL 32337 US

Title: WVCS () Delete
Name: BUCHHOLTZ, BEVERLY REV
Address: 4370 HWY 59, BOX 215
City-St-Zip: LLOYD, FL 32337 US

Title: D () Delete
Name: MANSER, NORITA M
Address: 187 DONALD STREET, P.O. BOX 736
City-St-Zip: HINCKLEY, IL 60520 US

Title: D () Delete
Name: YOUMANS, MELVIN
Address: 484 FOREST GREEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D () Delete
Name: GERRELL, DON REV
Address: 2716 PARSONS REST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: D () Change (X) Addition
Name: GRIFFIN, DAVID MR.
Address: 9658 DEER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: BEVERLY BUCHHOLTZ

WVCS

04/27/2009

Electronic Signature of Signing Officer or Director

Date