

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002400

FILED  
Aug 20, 2009  
Secretary of State

**Entity Name:** THINK ON THESE THINGS MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

291 H.E HOLMES DR.  
ATLANTA, GA 30318

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162522  
ATLANTA, GA 303212522

**New Mailing Address:**

**FEI Number:** 20-2493102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

WRAY, JULIAN  
11825 ISLAND LAKES LANE  
BOCA RATON, FL 33498 US

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

WRAY, SHAWN  
11825 ISLAND LAKES LANE  
BOCA RATON, FL 33498 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: SHAWN A. WRAY

08/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WALTON, L DR  
Address: PO BOX 162522  
City-St-Zip: ATLANTA, GA 303212522

Title: VC ( ) Delete  
Name: PLUMMER, V. DR  
Address: PO BOX 162522  
City-St-Zip: ATLANTA, GA 303212522

Title: D (X) Delete  
Name: WRAY, JULIAN  
Address: PO BOX 566022  
City-St-Zip: MIAMI, FL 33256

Title: D ( ) Delete  
Name: REID, GISELLE ESQ  
Address: PO BOX 162522  
City-St-Zip: ATLANTA, GA 303212522

Title: P ( ) Delete  
Name: WRAY, SHAWN A.  
Address: PO BOX 162522  
City-St-Zip: ATLANTA, GA 303212522

Title: VP ( ) Delete  
Name: SAVIZON, PRINCETON  
Address: PO BOX 162522  
City-St-Zip: ATLANTA, GA 303212522

**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: ( ) 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: SHAWN A. WRAY

P

08/20/2009

Electronic Signature of Signing Officer or Director

Date