

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