


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003217	
1. Entity Name THE WELCOME TABLE MINISTRIES, INC.	

Principal Place of Business 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746	Mailing Address 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TYNES, CARLTON ANDREW SR 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000578823
01/09/07-80045-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYNES, CARLTON ANDREW SR 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYNES, SANDRA NIXON 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYNES, ANTHONY L 4281 NW 42ND ST FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAGUM, CHRISTINA R 1426 AMADOR AVE NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, THOMAS E II 11485 BROWN QUAIL COURT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVP PINELLAS, ANNA M MRS 1710 ORANGE VISTA BLVD KISSIMMEE, FL 34746

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlton Andrew Tynes Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.07 407 9320767
Date Daytime Phone #