2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003217

Jan 24, 2009 Secretary of State

FILED

Entity Name: THE WELCOME TABLE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746 **Current Mailing Address: New Mailing Address:** 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746 FEI Number: 59-3650625 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: TYNES, CARLTON ANDREW SR TYNES, CARLTON ANDREW SR 3680 FOUNTAINBLEAU BLVD 3680 FOUNTAINBLEAU BLVD KISSIMME, FL 34746 KISSIMMEE, FL 34746 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: 01/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TYNES, CARLTON ANDREW SR Name: Name: Address: 3680 FOUNTAINBLEAU BLVD Address: City-St-Zip: KISSIMME, FL 34746 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TYNES, SANDRA NIXON Name: Address: 3680 FOUNTAINBLEAU BLVD Address: City-St-Zip: KISSIMME, FL 34746 City-St-Zip: Title: VD. () Delete Title: () Change () Addition TYNES, ANTHONY L Name: Name: 4281 NW 42ND ST Address: Address: City-St-Zip: FT LAUDERDALE, FL 33319 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: GAGUM, CHRISTINA R Name: 1426 AMADOR AVE NW Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: (X) Change () Addition JONES, THOMAS E II JONES, THOMAS E II Name: Name: 1834 BURDOCK DR. 1843 BURDOCK DR. Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: () Change () Addition PINELLAS, ANNA M MRS Name: Name: Address: 1710 ORANGE VISTA BLVD Address: KISSIMMEE, FL 34746 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: SANDRA NIXON TYNES VD 01/24/2009