

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003838

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE COAT OF MANY COLORS MINISTRIES, INC.

Current Principal Place of Business:

7206 ALAFIA DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

7206 ALAFIA DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 13-2928012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBER, BETTIE D REV
7206 ALAFIA DRIVE
RIVERVIEW, FL 33569 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: D () Delete
Name: YARBER, BETTIE D REV
Address: 7206 ALAFIA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: JONES, TIMOTHY E MIN
Address: 1346 FOXBORO DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: JONES, ARETHA
Address: 1346 FOXBORO DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: RINDONE, RAMONA
Address: 3326SAFFOLD ROAD
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: YARBER, MELODIE
Address: 7206 ALAFIA DR
City-St-Zip: RIVERVIEW, FL 335694506

Title: MNST () Delete
Name: YARBER, LAWRENCE JR
Address: 7206 ALAFIA DR
City-St-Zip: RIVERVIEW, FL 335694506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JONES SR, TIMOTHY E REV
Address: 1346 FOXBORO DR
City-St-Zip: BRANDON, FL 33511

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: REV TIMOTHY E JONES SR

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date