

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003838

FILED
Apr 14, 2012
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 (X)

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:

JONES SR, TIMOTHY D REV
1346 FOXBORO DR
BRANDON, FL 33511 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: TIMOTHY JONES SR.

04/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: YARBER, MELODIE
Address: 7206 ALAFIA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D
Name: JONES III, DR. THOMAS C PHD
Address: 2301 VILLANOVA CIRCLE
City-St-Zip: JACKSONVILLE, FL 33218

Title: D
Name: DEMMING, KEITHROY A
Address: 620 OAK RIDGE DRIVE
City-St-Zip: BRANDON, FL 33510

I hereby 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 all other like empowered.

SIGNATURE: REV. TIMOTHY E. JONES SR

D

04/14/2012

Electronic Signature of Signing Officer or Director

Date