

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90293 049 \*\*\*\*61.25

**DOCUMENT # N00000004833**

1. Entity Name

TELM INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

3491 TORRINGTON WAY  
TALLAHASSEE FL 32317

Mailing Address

P O BOX 7152  
TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

52-2277841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ZELLENE W REV.  
3491 TORRINGTON WAY  
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | PDT                   | <input type="checkbox"/> Delete            |
| NAME           | SMITH, ZELLENE W REV  |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | SMITH, STERLING B     |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | SMITH, DEWEY III      |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GIBSON, VERNICE Y REV |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GAY, SAMUEL           |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |
| TITLE          | ST                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SMITH, PAMELIA J      |                                            |
| STREET ADDRESS | P O BOX 7152          |                                            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32314  |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith Sterling B. Jr.  |                                                                              |
| STREET ADDRESS | Po Box 7152            |                                                                              |
| CITY-ST-ZIP    | Tallahassee, FL 32314  |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith, Halle, C.       |                                                                              |
| STREET ADDRESS | Po 7152                |                                                                              |
| CITY-ST-ZIP    | Tallahassee, FL 32314  |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith Victoria A.      |                                                                              |
| STREET ADDRESS | Tallahassee, FL 32314  |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thornton, Pamela Smith |                                                                              |
| STREET ADDRESS | Po 7152                |                                                                              |
| CITY-ST-ZIP    | Tallahassee, FL 32314  |                                                                              |
| TITLE          | T.                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Simmons, Taylor        |                                                                              |
| STREET ADDRESS | Po Box 7152            |                                                                              |
| CITY-ST-ZIP    | Tallahassee, FL 32314  |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Simmons, Christopher   |                                                                              |
| STREET ADDRESS | Po Box 7152            |                                                                              |
| CITY-ST-ZIP    | Tallahassee, FL 32314  |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Zellene W. Smith Zellene W. Smith 4/20/06 (850) 878-1478*