



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000004833</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">07 MAY -8 PM 4:30</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
<b>1. Entity Name</b> TELIM INTERNATIONAL MINISTRIES, INC.				<b>Principal Place of Business</b> 3491 TORRINGTON WAY TALLAHASSEE, FL 32317				<b>Mailing Address</b> P O BOX 7152 TALLAHASSEE, FL 32314			
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b> 3491 TORRINGTON WAY							
Suite, Apt. #, etc.				Suite, Apt. #, etc. Tallahassee							
City & State				City & State Florida							
Zip		Country		Zip 32317		Country LEON		4. FEI Number 52-2277841		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>								\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>					
SMITH, ZELLENE W REV. 3491 TORRINGTON WAY TALLAHASSEE, FL 32317						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 <u>Zellene W Smith</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						DATE <u>5-8, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>											
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE PD <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"/> Change <input checked="" type="checkbox"/> Addition NAME Saleem Ahmad STREET ADDRESS POB 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"/> Change <input type="checkbox"/> Addition NAME Corian Taylor STREET ADDRESS POB 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 ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Janie Lightburn STREET ADDRESS PO Box 7152 CITY-ST-ZIP Tallahassee, FL 32314					
TITLE D <input checked="" type="checkbox"/> Delete NAME SMITH THORTON, PAMELA STREET ADDRESS POB 7152 CITY-ST-ZIP TALLAHASSEE, FL 32314						TITLE Viola Black <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS POB 7152 CITY-ST-ZIP Tallahassee, FL 32317					
TITLE T <input checked="" type="checkbox"/> Delete NAME SIMMONS, TAYLOR STREET ADDRESS POB 7152 CITY-ST-ZIP TALLAHASSEE, FL 32314						TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE D <input checked="" type="checkbox"/> Delete NAME SIMMONS, CHRISTOPHER STREET ADDRESS POB 7152 CITY-ST-ZIP TALLAHASSEE, FL 32314						TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 <u>Zellene W. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						DATE <u>May 8, 2007</u> <small>Daytime Phone #</small>					