

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005337

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: TIM KAUFMAN MINISTRIES, INC.

**Current Principal Place of Business:**

1111 CANAL STREET  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 196787  
WINTER SPRINGS, FL 327196787

**New Mailing Address:**

FEI Number: 59-3664794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAUFMAN, TIMOTHY T REV.  
1111 CANAL STREET  
SUITE 1100  
OVIEDO, FL 32765 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: POST, JACK  
Address: 339 RIVER GLASS CT  
City-St-Zip: LEESBURG, FL 34778 D

Title: V ( ) Delete  
Name: KAUFMAN, ALICIA G  
Address: 3649 BISCAYNE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PT ( ) Delete  
Name: KAUFMAN, TIMOTHY T  
Address: 3649 BISCAYNE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: NAVARRO, ALEX  
Address: 944 KERWOOD CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: HUNTING, DAN  
Address: 551 WALDEN VIEW DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: ALLEN, TOM  
Address: 9750 QUIET LANE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 for the exemption stated in Section 119.07(3)(i), 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: TIM KAUFMAN

PT

01/21/2005

Electronic Signature of Signing Officer or Director

Date