

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005337

FILED
Jul 10, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KAUFMAN, TIMOTHY T REV.
1111 CANAL STREET
SUITE 1100
OVIEDO, FL 32765 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: _____

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 (X) 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: VS (X) Change () Addition
Name: KAUFMAN, ALICIA G
Address: 1111 CANAL STREET
City-St-Zip: OVIEDO, FL 32765

Title: PT (X) Change () Addition
Name: KAUFMAN, TIMOTHY T
Address: 1111 CANAL STREET
City-St-Zip: OVIEDO, FL 32765

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 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: TIM KAUFMAN

PT

07/10/2006

Electronic Signature of Signing Officer or Director

Date