## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005337

FILED Apr 26, 2007 Secretary of State

| Entity Nan  | ne: TIM KAL  | IFMAN MINISTRIES, INC.                                     |   |  |  |
|---|--|--|---|--|--|
| Current Principal Place of Business:  |  |  | New Principal Place o   | New Principal Place of Business:                 |  |
| 1111 CANA<br>OVIEDO, F  | AL STREET<br>L 32765                                     |  |   |  |  |
| Current Mailing Address:  |  |  | New Mailing Address:  |  |  |
| P.O BOX 1<br>WINTER S   | 96787<br>PRINGS, FL                                      | 327196787  |   |  |  |
| FEI Number:   | 59-3664794   | FEI Number Applied For ( )                                 | FEI Number Not Applicable ( )                                       | Certificate of Status Desired ( )                |  |
| Name and Address of Current Registered Agent:                                     |  |  | Name and Address of New Registered Agent:                           |  |  |
| KAUFMAN, TIMOTHY T REV.<br>1111 CANAL STREET<br>SUITE 1100<br>OVIEDO, FL 32765 US |  |  | KAUFMAN, TIMOTHY T REV.<br>1111 CANAL STREET<br>OVIEDO, FL 32765 US |  |  |
| The above in the State  |  | submits this statement for the pu                          | rpose of changing its registered                                    | office or registered agent, or both,             |  |
| SIGNATURE:  |  |  |   | 04/26/2007                                       |  |
|   | Electro  | nic Signature of Registered Ager                           | nt  | Date   |  |
| OFFICERS AND DIRECTORS:   |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                        |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                       | D (<br>POST, JACK<br>339 RIVER GL<br>LEESBURG, F         |  | Title: (<br>Name:<br>Address:<br>City-St-Zip:                       | ( ) Change( ) Addition                           |  |
| Title:<br>Name:<br>Address:   | KAUFMAN, AL  |  | Title: (<br>Name:   | ( ) Change ( ) Addition                          |  |
| City-St-Zip:  | 1111 CANAL S<br>OVIEDO, FL 3                             |  | Address:<br>City-St-Zip:  |  |  |
| Title: Name: Address: City-St-Zip:  | OVIEDO, FL 3   | 32765<br>) Delete<br>MOTHY T<br>STREET                     | City-St-Zip:  | ()Change ()Addition                              |  |
| Title:<br>Name:<br>Address:   | OVIEDO, FL 3 PT ( KAUFMAN, TIN 1111 CANAL S OVIEDO, FL 3 | 32765  ) Delete MOTHY T STREET 32765  ) Delete EX D CIRCLE | City-St-Zip: Title: ( Name: Address: City-St-Zip:                   | ( ) Change( ) Addition<br>( ) Change( ) Addition |  |

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIM KAUFMAN PT 04/26/2007

551 WALDEN VIEW DRIVE

SANFORD, FL 32771

HUNTTING, DAN

Name:

Address:

City-St-Zip: