

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005337

FILED
Apr 20, 2009
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
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: 5042 CR 125-A
City-St-Zip: WILDWOOD, FL 34785 D

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

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

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

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:

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.

SIGNATURE: TIM KAUFMAN

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date