2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005337

FILED Jan 10, 2011 Secretary of State

01/10/2011

Entity Name: TIM KAUFMAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

1111 CANAL STREET 704 LEGACY PARK DRIVE OVIEDO, FL 32765 CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

P.O BOX 196787

WINTER SPRINGS, 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.

1111 CANAL STREET

OVIEDO, FL 32765 US

KAUFMAN, TIMOTHY T REV.

704 LEGACY PARK DRIVE

CASSELBERRY, FL 32707 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: TIM KAUFMAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: POST, JACK Address: 5042 CR 125-A

City-St-Zip: WILDWOOD, FL 34785 D

Title: VS

Name: KAUFMAN, ALICIA G Address: 1111 CANAL STREET City-St-Zip: OVIEDO, FL 32765

Title: PT

Name: KAUFMAN, TIMOTHY T Address: 1111 CANAL STREET City-St-Zip: OVIEDO, FL 32765

Title:

Name: NAVARRO, ALEX
Address: 944 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title:

Name: HUNTTING, DAN

Address: 551 WALDEN VIEW DRIVE City-St-Zip: SANFORD, FL 32771

Title: [

Name: FERRIN, RICK
Address: 4490 RUNWAY LANE
City-St-Zip: ST. CLOUD, FL 34772

I hereby 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 all other like empowered.

SIGNATURE: TIM KAUFMAN PT 01/10/2011