## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004110

FILED Jul 06, 2008 Secretary of State

Entity Name: TODAY/TOMORROW'S YOUTH MINISTRY, INCORPORATED.

**Current Principal Place of Business: New Principal Place of Business:** 6561 HARLOW BLVD JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 6561 HARLOW BLVD JACKSONVILLE, FL 32210 FEI Number: 59-3716484 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: RILEY, KAREN H 6561 HARLOW BLVD JACKSONVILLE, FL 32210 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete RILEY, JIMMY SR EDWARDS, LARRY Name: Name: 6561 HARLOW BLVD Address: 1601 ROBINSON STREET Address: DANVILLE, IL 61832 City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JAMES, JOSEPH JR Name: Address: 6059 RICKER RD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: **DPTS** () Delete Title: () Change () Addition RILEY, KAREN H Name: Name: 6561 HARLOW BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: DV ( ) Delete Title: (X) Change ( ) Addition Name: HUGHEY, RALPH Name: HUGHEY, RALPH Address: 3151 SCOTTY DR Address: 3151 SCOTTY DR City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206 Title: () Delete Title: ( ) Change (X) Addition MONEGHAN, KIM C Name: Name: 500 KILBURN COURT Address: Address: City-St-Zip: City-St-Zip: FRANKLIN, TN 37067 Title: () Delete Title: ( ) Change (X) Addition WALKER, IDA M Name: Name: Address: Address: 5943 JAGUAR DR. W JACKSONVILLE, FL 32244 City-St-Zip: 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: KAREN H. RILEY DPTS 07/06/2008