

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005461

FILED
Jan 21, 2009
Secretary of State

Entity Name: BACK TO THE BASICS TRANSITIONAL MINISTRIES, INC.

Current Principal Place of Business:

7173 WOODSIDE RD.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

7173 WOODSIDE RD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3732947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, MAX
12354 STANDING STONE DR.
PENSACOLA, FL 325069458 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: CPD () Delete
Name: WOLLSCHLAGER, JOHN P
Address: 7173 WOODSIDE RD
City-St-Zip: PENSACOLA, FL 325267520

Title: STD () Delete
Name: STEVENS, MAX H
Address: 12354 STANDING STONE DR
City-St-Zip: PENSACOLA, FL 325069458

Title: D () Delete
Name: SANDERS, JOHN
Address: 7844 BAY MEADOWS DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: BRITNELL, JIMMY A
Address: 2117 SOUTH FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 325072811

Title: D () Delete
Name: BROOKS, ROBERT
Address: 1432 LITTLE CREEK DR
City-St-Zip: PENSACOLA, FL 32506

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: D (X) Change () Addition
Name: LYNN, DAVIS
Address: 7165 WOODSIDE RD
City-St-Zip: PENSACOLA, FL 32526

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: JOHN WOLLSCHLAGER

CPD

01/21/2009

Electronic Signature of Signing Officer or Director

Date