

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005788

FILED
Apr 21, 2009
Secretary of State

Entity Name: THOMAS CORSON MINISTRIES, INC.

Current Principal Place of Business:

5724 ALAMOSA CIRCLE
JACKSONVILLE, FL 32258

New Principal Place of Business:

5734 ALAMOSA CIRCLE
JACKSONVILLE, FL 32258

Current Mailing Address:

P.O. BOX 19948
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 01-0633913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORSON, THOMAS C
1220 BRIARCLIFF RD. SOUTH
JACKSONVILLE, FL 32207 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: CORSON, THOMAS C
Address: 5734 ALAMOSA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

Title: O () Delete
Name: COLEMAN, CHARLES W
Address: 2610 CENTERVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: O () Delete
Name: WALKER, CLARENCE
Address: 6400 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: CORSON, KATASKI R
Address: 5734 ALAMOSA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

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:

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: THOMAS C CORSON

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date