

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005788

FILED
May 05, 2011
Secretary of State

Entity Name: THOMAS CORSON MINISTRIES, INC.

Current Principal Place of Business:

5734 ALAMOSA CIRCLE
JACKSONVILLE, FL 32258

New Principal Place of Business:

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
Name: CORSON, THOMAS C
Address: 5734 ALAMOSA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

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

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

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

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: THOMAS C. CORSON

D

05/05/2011

Electronic Signature of Signing Officer or Director

Date