

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90280 002 \*\*\*150.00

**DOCUMENT # N01000006338**

1. Entity Name  
TRANSFORMATION MINISTRIES, INC.



Principal Place of Business  
717 EAST OAK ST.  
KISSIMMEE, FL 34744

Mailing Address  
717 EAST OAK ST.  
KISSIMMEE, FL 34744

94077047



**DO NOT WRITE IN THIS SPACE**

03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3741724 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SWART, HARRY J CPA  
717 EAST OAK ST.  
KISSIMMEE, FL 34744

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HENES, MARK  
STREET ADDRESS 717 EAST OAK ST.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE SD  
NAME HENES, REBECCA  
STREET ADDRESS 717 EAST OAK ST.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D  
NAME SMITH, GARY  
STREET ADDRESS 717 EAST OAK ST.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D  
NAME BROOKS, CESAR  
STREET ADDRESS 717 EAST OAK ST.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Rebecca Henes

4/21/04 407-460-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #