

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008959

FILED
Jan 16, 2009
Secretary of State

Entity Name: TIM HINES MINISTRIES, INC.

Current Principal Place of Business:

4435 N RATH RUE POINT
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

4435 N RATH RUE POINT
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: 02-0531010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINES, TIMOTHY J
4435 N RATH RUE POINT
BEVERLY HILLS, FL 34465 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: PD () Delete
Name: HINES, TIMOTHY J
Address: 4435 N. RATH RUE POINT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VD () Delete
Name: HINES, JODI L
Address: 4435 N. RATH RUE POINT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: GARCIA, DAVID A
Address: 20366 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: WOODRUFF, KEN
Address: 801 S BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: WHEELER, RON
Address: 19496 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

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: () 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: TIMOTHY J. HINES

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date