

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007282

FILED
Aug 25, 2008
Secretary of State

Entity Name: PILLOW TALK MINISTRIES, INC.

Current Principal Place of Business:

174 SE DAVIE CT
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

174 SE DAVIE CT
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 47-0911005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINTONS, KATHY L
174 SE DAVIE CT
LAKE CITY, FL 32025 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: WINTONS, KATHY L
Address: 174 SE DAVIE CT
City-St-Zip: PERRY, FL 32025

Title: D () Delete
Name: WOODFAULK, VERA MAE
Address: 200 THIRD ST
City-St-Zip: PERRY, FL 32348

Title: TD () Delete
Name: LENNEAR, MELISSA A
Address: 1956 CROSSHAIR CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: WALKER, DOVA
Address: 799 E BIRCHWOOD CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: EVERSON, JOSIE
Address: 4100 E DIJON DR
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: MITCHELL, ERNESTINE
Address: 129 S BEVERLY ST
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WINTONS, KATHY L
Address: 174 SE DAVIE CT
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOVE, CATHERINE
Address: 129 BEVERLY ST
City-St-Zip: PERRY, FL 32848

Title: VD (X) Change () Addition
Name: WINTONS, MELVIN
Address: 174 SE DAVIE CT
City-St-Zip: LAKE CITY, FL 32025

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: KATHY L WINTONS

PD

08/25/2008

Electronic Signature of Signing Officer or Director

Date