

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007599

FILED
Apr 30, 2009
Secretary of State

Entity Name: TOTAL RESTORATION TRANSFORMATION CENTER, INC.

Current Principal Place of Business:

5130 CLARION HAMMOCK DR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5130 CLARION HAMMOCK DR
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 22-3876731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BRIDGETT
5130 CLARION HAMMOCK DR
ORLANDO, FL 32808 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: DP () Delete
Name: DAVIS, BRIDGETT
Address: 5130 CLARION HAMMOCK DR
City-St-Zip: ORLANDO, FL 32808

Title: DT () Delete
Name: SIMMONS, ANNIE
Address: 3909 SIGNAL HILL ROAD
City-St-Zip: ORLANDO, FL 32808

Title: DV () Delete
Name: MINKLER, SHARON
Address: 818 E CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: TASSEY, KEN
Address: 1834 GADSEN BLVD
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: VANRUDEN, JEFF
Address: 2308 ROANOKE CT.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change () Addition
Name: MINKLER, SHARON
Address: 4220 NEW BROAD STREET #206
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change () Addition
Name: DAVIS, LEAMON III
Address: 5130 CLARION HAMMOCK DRIVE
City-St-Zip: ORLANDO, FL 32808

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: BRIDGETT DAVIS

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date