2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: TIME FOR CHANGE MINISTRIES CORPORATION

Current Principal Place of Business:

4725 PORTOBELLO CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

PO BOX 6036
BRANDON, FL 33508

New Mailing Address:

FEI Number: 42-1562199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, CARLA D
2128 W. CHERRY ST
TAMPA, FL 33607 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: P ( ) Delete
Name: WILLIAMS, CLATY W
Address: 4725 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete
Name: WILLIAMS, WILLIE
Address: 4725 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: CARTER, LATOYA
Address: 10210 SABAL TREE DR. # 102
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: VICKERS, ROSA MINIS.
Address: 6817 WOODVILLE ST. # 76
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: HUNTER, CATHY PASTOR
Address: 1122 ARCH STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: CARTER, MARCUS A
Address: 10210 SABAL TREE DR . # 1102
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: HICKS, ADRIANE
Address: 4725 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

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

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

Title: D (X) Change ( ) Addition
Name: TYRE-HOBBS, TANICE
Address: 2117 W. CHERRY STREET
City-St-Zip: TAMPA, FL 33607

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: CLATY WILLIAMS PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date