

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000700

FILED
Apr 30, 2009
Secretary of State

Entity Name: TIME FOR CHANGE MINISTRIES CORPORATION

Current Principal Place of Business:

2122 W. CHERRY ST
TAMPA, FL 33607

New Principal Place of Business:

4725 PORTOBELLO CIRCLE
VALRICO, FL 33596

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: DP () Delete
Name: WILLIAMS, CLATY W
Address: 4725 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33596

Title: DVP () Delete
Name: WILLIAMS, LAWANDA M
Address: 4725 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: DST () Delete
Name: CARTER, LATOYA
Address: 12141 TREEHAVEN AVE.
City-St-Zip: GIBSONTONT, FL 33534

Title: V () Delete
Name: CARTER, MARCUS A
Address: 12141 TREEHAVEN AVE.
City-St-Zip: GIBSONTONT, FL 33534

Title: V () Delete
Name: TIGNER, SEARUM A
Address: 4725 PORTOBELLO CIR.
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: CLATY WILLIAMS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date