2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007259

Entity Name: TNT CONNECTIONS CHARITIES INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3679 CRIMSON OAKS DRIVE JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

3679 CRIMSON OAKS DRIVE JACKSONVILLE, FL 32277

FEI Number: 30-0204164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUKES III, ALLEN

9254 TOPOHILL CT.

JACKSONVILLE, FL 32225

US

TUKES, EVELYN W RA
3679 CRIMSON OAKS DRIVE.
JACKSONVILLE, FL 32225

US

JACKSONVILLE, FL 32225

US

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: EVELYN W. TUKES 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 TUKES, ALLEN
 Name:
 TUKES, ALEA

 Address:
 9254 TOPHILL CT
 Address:
 7414 LAWN TENNIS LANE

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: S () Delete Title: () Change () Addition

 Name:
 SANDERS, TONEY
 Name:

 Address:
 1343 LOSTARA AVE W
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 DIXON, HAROLD
 Name:
 ANDERSON, ODELLA

 Address:
 122 ATLANTA BLVD #50
 Address:
 11515 CRICKET COURT

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 FRANKLIN, MARVIN

 Address:
 Address:
 14245 SEA EAGLE DRIVE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32226

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: EVELYN W. TUKES D 04/16/2009