

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008628

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** TOMMY BRANDT MINISTRIES, INC.

**Current Principal Place of Business:**

445 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3835  
SEBRING, FL 33871

**New Mailing Address:**

**FEI Number:** 52-2408925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE AVE.  
SEBRING, FL 33870 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: VP ( ) Delete  
Name: LIVINGSTON, TOMMY B  
Address: P.O. BOX 3835  
City-St-Zip: SEBRING, FL 33871

Title: P ( ) Delete  
Name: LIVINGSTON, MICHELLE  
Address: P.O. BOX 3835  
City-St-Zip: SEBRING, FL 33871

Title: D ( ) Delete  
Name: ANDREWS, DEANN  
Address: 138 NORTH RIDGEWOOD DR.  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: STEWART, REGGIE  
Address: 774 BLAIR RD.  
City-St-Zip: WAXAHACHIE, TX 75165

Title: D ( ) Delete  
Name: STEWART, TERI  
Address: 774 BLAIR RD.  
City-St-Zip: WAXAHACHIE, TX 75165

Title: T ( ) Delete  
Name: ELFERS, JAMES A  
Address: 15062 SE 103RD ST RD  
City-St-Zip: OKLAWAHA, FL 32179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MICHELLE M. LIVINGSTON

P

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date