

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002156

FILED
Mar 30, 2005
Secretary of State

Entity Name: TO KNOW IS TO UNDERSTAND MINISTRIES, INC.

Current Principal Place of Business:

2936 NW 48TH STREET
MIAMI, FL 33142

New Principal Place of Business:

801 NW 62ND STREET
#2
MIAMI, FL 33142

Current Mailing Address:

2936 NW 48TH STREET
MIAMI, FL 33142

New Mailing Address:

1040 N.E. 78TH STREET ROAD
#4
MIAMI, FL 33138

FEI Number: 33-1101301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, FELECIA M PASTOR
2936 NW 48TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

WRIGHT, FELECIA M PASTOR
1040 N.E. 78TH STREET ROAD
#4
MIAMI, FL 33138 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:

03/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, FELECIA M PASTOR
Address: 2936 NW 48TH STREET
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: WRIGHT, ALPHONSE
Address: 1040 NE 78TH STREET ROAD
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: NEWELL, MICHELLE L
Address: 2210 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, FELECIA M PASTOR
Address: 1040 N.E. 78TH STREET ROAD
City-St-Zip: MIAMI, FL 33138

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 for the exemption stated in Section 119.07(3)(i), 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: FELECIA M. WRIGHT

PRES

03/30/2005

Electronic Signature of Signing Officer or Director

Date