

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002361

FILED
Apr 21, 2009
Secretary of State

Entity Name: WATTS TEACHING MINISTRIES, INC.

Current Principal Place of Business:

9027 SW 75TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9027 SW 75TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-0627154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, JAMES
9027 SW 75TH WAY
GAINESVILLE, FL 32608 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: D () Delete
Name: WATTS, JAMES
Address: 9027 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WATTS, DEBBIE
Address: 9027 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: DIXON, NATE
Address: 4320 N. INDIANHEAD RD.
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: MUSSELMAN, JOHN
Address: 4265 SE 59TH ST.
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: HEALD, PEGGY
Address: 4020 WATER WAY DR.
City-St-Zip: LAKE WORTH, FL 33461

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: D (X) Change () Addition
Name: MUSSELMAN, MARYLYN
Address: 4265 SE 59TH ST.
City-St-Zip: OCALA, FL 34480

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: DEBBIE WATTS

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date