
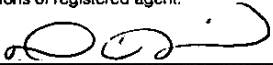



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90025 008 ****61.25

DOCUMENT # N04000003015 1. Entity Name DEVONNA ANDERSON TOMMIE MINISTRIES, INC.					
Principal Place of Business 190 N SR 715, LOT 253 BELLE GLADE, FL 33430			Mailing Address P.O. BOX 2707 BELLE GLADE, FL 33430		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9478 Worswick CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WELLINGTON, FL		4. FEI Number 61-1455829	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33414		Country USA		04232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TOMMIE, DEVONNA A 190 N S.R. 715 LOT 253 BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4-20-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMMIE, DEVONNA A <input type="checkbox"/> Delete 190 N S.R. 715 LOT 253 BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, CONSUERO <input type="checkbox"/> Delete 207 N.W. 1 ST BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMMIE, BRODERICK <input type="checkbox"/> Delete 190 N S.R. 715 LOT 253 BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOMMIE, DEVONNA A. 9478 WORSWICK CT WELLINGTON, FL 33414				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOMMIE, BRODERICK 9478 WORSWICK CT WELLINGTON, FL 33414				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 4-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					