

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003015

FILED
Apr 08, 2009
Secretary of State

Entity Name: DEVONNA ANDERSON TOMMIE MINISTRIES, INC.

Current Principal Place of Business:

190 N SR 715, LOT 253
BELLE GLADE, FL 33430

New Principal Place of Business:

9280 PINEVILLE DR
LAKE WORTH, FL 33467

Current Mailing Address:

9478 WOISWICK CT
WELLINGTON, FL 33414

New Mailing Address:

9280 PINEVILLE DR.
LAKE WORTH, FL 33467

FEI Number: 61-1455829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMMIE, DEVONNA A
190 N S.R. 715 LOT 253
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

TOMMIE, DEVONNA A
9280 PINEVILLE DR.
LAKE WORTH, FL 33467 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: DEVONNA TOMMIE

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVONNA, TOMMIE A
Address: 9478 INARSWICK CT.
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: PETERSON, CONSUELO
Address: 207 N.W. 1 ST
City-St-Zip: BELLE GLADE, FL 33430

Title: T () Delete
Name: BRODERICK, TOMMIE
Address: 9478 INORSWICK CT.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEVONNA, TOMMIE A
Address: 9280 PINEVILLE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Change () Addition
Name: PETERSON, CONSUELO
Address: 13974 FOLKSTONE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: T (X) Change () Addition
Name: BRODERICK, TOMMIE
Address: 9280 PINEVILLE DR
City-St-Zip: LAKE WORTH, FL 33467

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: DEVONNA TOMMIE

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date