2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006635

FILED Jan 20, 2009 Secretary of State

Entity Name: THE TIME HAS COME MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 1020 SW LIBERTY AVE PORT SAINT LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 1020 SW LIBERTY AVE PORT SAINT LUCIE, FL 34953 FEI Number: 83-0401577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OROZCO, LESLIE 1020 SW LIBERTY AVENUE PORT SAINT LUCIE, FL 34953 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OROZCO, LESLIE Name: Name: Address: 1020 SW LIBERTY AVE Address: City-St-Zip: PORT SAINT LUCIE, 34 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OROZCO, MARILYN Name: Address: 1020 SW LIBERTY AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, ANTONIA Name: Name: 11821 SW 185 TR Address: Address: City-St-Zip: MIAMI, FL 33177 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: LESLIE OROZCO P 01/20/2009