


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 010 ****70.00

DOCUMENT # N04000006884 1. Entity Name TYUS MINISTRIES, INC.			
Principal Place of Business 1535 MILLER LANE JACKSONVILLE, FL 32204		Mailing Address 1535 MILLER LANE JACKSONVILLE, FL 32204	
2. Principal Place of Business <i>421 S. Parsons Ave.</i> Suite, Apt. #, etc. <i>Deland, FL</i> City & State <i>32720 Volusia</i> Zip Country		3. Mailing Address <i>421 S. Parsons Ave</i> Suite, Apt. #, etc. <i>Deland, FL</i> City & State <i>32720 Volusia</i> Zip Country	
4. FEI Number 20-1365236		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07312006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent TYUS, TYRONE 421 SOUTH PARSONS AVE DELAND, FL 32720		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 <i>Samone Tyus President</i> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 6, 2006		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 TYRONE, TYUS 1535 MILLER LANE JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TYUS, MICHELE 5244 LONG RD, APT A ORLANDO, FL 32808	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIAS, FELECIA 1030 GERTUDE CT DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYUS, NATHANIEL 1511 MILLER LANE JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 Tyrone Tyus 421 S. Parsons Ave Deland, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Karen Tyus 421 S. Parsons Ave. Deland, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S Tyus, Nathaniel 1511 Miller Ln. Jacksonville, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Samone Tyus</i> Tyrone Tyus		Date <i>7-31-06</i> Daytime Phone <i>386-738-1473</i>	

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