

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006884

FILED
Jul 09, 2008
Secretary of State

Entity Name: TYUS MINISTRIES, INC.

Current Principal Place of Business:

421 S. PARSONS AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

421 S. PARSONS AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-1365236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TYUS, TYRONE
421 SOUTH PARSONS AVE
DELAND, FL 32720 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:

Title: P () Delete
Name: TYRONE, TYUS
Address: 421 S. PARSONS AVE.
City-St-Zip: DELAND, FL 32720

Title: V () Delete
Name: TYUS, MICHELE
Address: 5244 LONG RD, APT A
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: TYUS, NATHANIEL
Address: 1511 MILLER LANE
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: TYUS, KAREN
Address: 421 S. PARSONS AVE
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHAP (X) Change () Addition
Name: SESSIONS, BENJAMIN CHAPLIN
Address: 26 CASTLE MANOR
City-St-Zip: ORMOND BEACH, FL 32127

Title: 2VP (X) Change () Addition
Name: JONES, BARBARA LEGAL
Address: 10301 WOODSORREL CT
City-St-Zip: UPPER MARLBORO, MD 20772

Title: SEC () Change (X) Addition
Name: FAIRGRIEVE, FABIOLA SECRETA
Address: 25 SHANDANDOAH CIRCLE
City-St-Zip: DELAND, FL 32720

Title: TRES () Change (X) Addition
Name: COMMINGS, CYNTHIA TRES
Address: 422 KICKLIGHTER AVE
City-St-Zip: LAKE HELLEN, FL 32744 US

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: TYRONE TYUS

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date