

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009446

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: T.C. MAXWELL MINISTRIES, INC.

**Current Principal Place of Business:**

1107 NW 6TH STREET  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1107 NW 6TH STREET  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 20-1822806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAXWELL, T.C.  
1107 NW 6TH STREET  
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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: DP ( ) Delete  
Name: MAXWELL, TC  
Address: 9760 PALMA VISTA WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: DVP ( ) Delete  
Name: MAXWELL, AUDREY R  
Address: 9760 PALMA VISTA WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: DT ( ) Delete  
Name: THOMPSON, RONNY  
Address: 4971 NW 14TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: DS ( ) Delete  
Name: SHANNON, TIFFANY  
Address: 2441 NW 55TH AVE  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: MOORE, HERBERT C  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: T. C. MAXWELL

DP

02/01/2006

Electronic Signature of Signing Officer or Director

Date