

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009446

FILED
May 03, 2008
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)
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:

MAXWELL, T.C.
1107 NW 6TH STREET
FT LAUDERDALE, FL 33311 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: 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: DP (X) Change () Addition
Name: MAXWELL, TC
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

Title: DVP (X) Change () Addition
Name: MAXWELL, AUDREY R
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

Title: DT (X) Change () Addition
Name: THOMPSON, RONNY
Address: 10648 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33467

Title: DS (X) Change () Addition
Name: GREGORY, THOMAS
Address: 2441 NW 55TH AVE
City-St-Zip: LAUDERHILL, FL 33313

Title: () Change () Addition
Name:
Address:
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: T. C. MAXWELL

DP

05/03/2008

Electronic Signature of Signing Officer or Director

Date