

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009554

FILED
Sep 05, 2006
Secretary of State

Entity Name: TURN IT AROUND MINISTRIES, INC.

Current Principal Place of Business:

201 RIDGE RD.
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

201 RIDGE RD.
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

COTTON, TALIA
201 RIDGE RD.
TALLAHASSEE, FL 32305 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: PD () Delete
Name: PONDER, GERALD
Address: 201 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD (X) Delete
Name: PONDER, ANNETTE
Address: 201 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: SD () Delete
Name: COTTON, TALIA
Address: 201 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: TD () Delete
Name: MCCRAY, JUANITA
Address: 215 BRAGG DR.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: SCHUCHTS, ROBERT A
Address: 215 BRAGG DR.
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PONDER, ANNETTE
Address: 201 RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32305

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

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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: ANNETTE PONDER

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date