2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N04000009837

Entity Name: TOP OF THE BOTTOM OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2924 MISSION RD.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2924 MISSION RD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3453724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIE
2933 MICHAEL DRIVE
PENSACOLA, FL 325053917 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:	WOOLLEN, DAVID PRES	
Address:	2820 W. FAIRFIELD DR	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	DS	( ) Delete
Name:	BOYD, CHARLES R SEC	
Address:	3278 LAS BRISAS DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DVP	( ) Delete
Name:	NELL, CHARLES A V. PRES	
Address:	311 MARABELLE DR	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	DT	( ) Delete
Name:	BANKS, SHARON E TREASUR	
Address:	813 LADNER DR	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	MULLEN, REBECCA BUS.MGR	
Address:	2356 AMELIA LANE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	O	( ) Delete
Name:	WILLIAMS, MARY P ADMIN O	
Address:	2933 MICHAEL DR	
City-St-Zip:	PENSACOLA, FL 32505	

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:	
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: WILLIE WILLIAMS PD 04/26/2008

Electronic Signature of Signing Officer or Director — Date