## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011192

Entity Name: THRU THE ROOF MINISTRIES, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
208 17TH ST AUGU	STREET STINE, FL 32	084			
Current M	lailing Addre	ss:	New Maili	New Mailing Address:	
	N VALLEY LA VILLE, FL 32				
FEI Number: 59-3790336 FEI Number Applied For() FEI N			FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:	
208 17TH ST AUGUS	STINE, FL 32	084 US		to maniple and office are acceptant as both	
	named entity e of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D ( LAWRENCE, H 208 17TH STR ST AUGUSTIN	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D ( HYSLER, JOD 7831 FAWN V JACKSONVILL	ALLEY LANE	Title: Name: Address: City-St-Zip:	T/D (X) Change ( ) Addition HYSLER, JODY 7831 FAWN VALLEY LANE JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	T/D ( CHINCHAR, M 1279 DE GRO JACKSONVILL	VE ROAD	Title: Name: Address: City-St-Zip:	C/D (X) Change ( ) Addition CHINCHAR, MICHAEL 1279 DE GROVE ROAD JACKSONVILLE, FL 32259	
Title: Name: Address: City-St-Zip:	D ( BRANTNER, B 208 17TH STR ST AUGUSTIN	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DURWARD, W 600 SAND ISL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ZECHER, PAIG 3992 EAST CO	) Delete GE DUNTRY RD 16A SPRINGS, FL 32043	Title: Name: Address: City-St-Zip:	S/D (X) Change ( ) Addition LAWRENCE, DEBBIE 208 17TH STREET ST AUGUSTINE, FL 32084	

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: JODY L HYSLER T/D 04/22/2007