

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011192

FILED
Apr 12, 2011
Secretary of State

Entity Name: THRU THE ROOF MINISTRIES, INC.

Current Principal Place of Business:

50 AMBERLEAF
IRVINE, CA 92614

New Principal Place of Business:

3128 TOWNSEND BVD.
JACKSONVILLE, FL 32277

Current Mailing Address:

50 AMBERLEAF
IRVINE, CA 92614

New Mailing Address:

3128 TOWNSEND BVD.
JACKSONVILLE, FL 32277

FEI Number: 59-3790336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, DURWARD
600 SAND ISLES CIRCLE
ST AUGUSTINE, FL 32082 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: P/D
Name: LAWRENCE, HAROLD
Address: 3128 TOWNSEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: T/D
Name: FANNIN, MEL
Address: 625 D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CD
Name: HARALAMBOU, NICK
Address: 12533 SUGARBERRY WAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: D
Name: BRANTNER, BRIAN
Address: 3128 TOWNSEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: DURWARD, WHITE
Address: 600 SAND ISLES CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: LAWRENCE, DEBBIE
Address: 3128 TOWNSEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: HAROLD LAWRENCE

P/D

04/12/2011

Electronic Signature of Signing Officer or Director

Date