

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000285

FILED
Jan 25, 2009
Secretary of State

Entity Name: TEAMS MINISTRIES, INC.

Current Principal Place of Business:

2139 CEMETERY AVENUE
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

2139 CEMETERY AVENUE
SNEADS, FL 32460

New Mailing Address:

FEI Number: 06-1736186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, KAY W
2139 CEMETARY AVE
SNEADS, FL 32460 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 () Delete
Name: KING, KAY W
Address: 2139 CEMETERY AVENUE
City-St-Zip: SNEADS, FL 32460

Title: V () Delete
Name: KING, BRUCE C
Address: 2139 CEMETERY AVENUE
City-St-Zip: SNEADS, FL 32460

Title: ST () Delete
Name: MCCALL, NAOMI
Address: P.O. BOX 13844
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: PITTS, MARION
Address: 18113 NE COUNTY RD 274
City-St-Zip: ALTHA, FL 32421

Title: D () Delete
Name: PITTS, BONNIE
Address: 18113 NE COUNTY RD # 274
City-St-Zip: ALTHA, FL 32421

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:

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: KAY W. KING

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date