

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005791

1. Entry Name
TOTAL MAN MINISTRIES CHURCH OF GOD IN CHRIST,
INC.



Principal Place of Business
222 DORSEY SMITH LANE
QUINCY, FL 32352-6727

Mailing Address
222 DORSEY SMITH LANE
QUINCY, FL 32352-6727

FILED

2008 APR 30 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3806573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOX, VIVIAN
198 DORSEY SMITH LANE
QUINCY, FL 32352-6727

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME KNOX, ANTHONY L SR.
STREET ADDRESS 198 DORSEY SMITH LANE
CITY-ST-ZIP QUINCY, FL 323526727

TITLE S ☐ Delete
NAME KNOX, VIVIAN
STREET ADDRESS 198 DORSEY SMITH LANE
CITY-ST-ZIP QUINCY, FL 323526727

TITLE VC ☐ Delete
NAME SMITH, VINCENT
STREET ADDRESS 674 HENRY JONES RD.
CITY-ST-ZIP WOODVILLE, FL 32362

TITLE T ☐ Delete
NAME MCCLOUD, RONALD
STREET ADDRESS 108 ASTOR AVE.
CITY-ST-ZIP QUINCY, FL 32362

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900127236999
CITY-ST-ZIP 04/30/08--01009--001 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2008

Date

Daytime Phone #