

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 29, 2008  
Secretary of State**

DOCUMENT# N05000008547

Entity Name: NANCY TOWNSEND MINISTRIES, INC.

**Current Principal Place of Business:**

7142 STEINBECK WAY  
APT. 104  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

7142 STEINBECK WAY  
APT. 104  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 71-0988540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TOWNSEND, NANCY PASTOR  
7142 STEINBECK WAY  
APT. 104  
TRINITY, FL 34655 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOWNSEND, NANCY PASTOR  
Address: 7142 STEINBECK WAY, APT. 104  
City-St-Zip: TRINITY, FL 34655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: RAMSEY, KEOMI  
Address: 2829 BLUFFVIEW DR  
City-St-Zip: LEWISVILLE, TX 75067

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: BILLINGSLEY, MARIE  
Address: 2825 E CLARK ST, APT. B  
City-St-Zip: TAMPA, FL 33605

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: NANCY TOWNSEND

P

08/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date