

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011208

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** TREVOR THOMAS DRAMA MINISTRIES, INC.

**Current Principal Place of Business:**

1104 WEST CASON STREET  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

1104 WEST CASON STREET  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WETHERINGTON, ALLAN D  
1501 JOE MCINTOSH ROAD  
PLANT CITY, FL 33565 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: THOMAS, TREVOR C  
Address: 9001 ESTHEL ROAD  
City-St-Zip: TAMPA, FL 33637

Title: V ( ) Delete  
Name: BOWLES, JOSEPH A  
Address: 2213 LANIER ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: S ( ) Delete  
Name: LONG, SAMANTHA D  
Address: PO BOX 5691  
City-St-Zip: PLANT CITY, FL 33566

Title: T ( ) Delete  
Name: WETHERINGTON, ALLAN D  
Address: PO BOX 5464  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: CONNORS, LEONARD J  
Address: 1007 E REYNOLDS STREET  
City-St-Zip: PLANT CITY, FL 33566

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

Title: P (X) Change ( ) Addition  
Name: THOMAS, TREVOR C  
Address: 3101 CORK ROAD  
City-St-Zip: PLANT CITY, FL 33565

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: TREVOR C. THOMAS

MR.

04/30/2008

Electronic Signature of Signing Officer or Director

Date