

# **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011492

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** TIM STAIER MINISTRIES INC.

**Current Principal Place of Business:**

708 SHORPUTT DRIVE  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

708 SHORPUTT DRIVE  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 20-3761618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAIER, TIMOTHY D  
708 SHORPUTT DRIVE  
MACCLENNY, FL 32063 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: STAIER, TIMOTHY D  
Address: 708 SHORPUTT DRIVE  
City-St-Zip: MACCLENNY, FL 32063

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY STAIER

P

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date