## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001889

FILED Apr 23, 2009 Secretary of State

Entity Name: FRESH START MINISTRIES, INC. OF TALLAHASSEE

Current Principal Place of Business:			New Principal Place of Business:		
2335 TALLEY LANE TALLAHASSEE, FL 32304 US		1015 DOVER STREET TALLAHASSEE, FL 32304 US			
Current Mailing Address:			New Mailing Address:		
	AM TRAIL SSEE, FL 32309	9 US			
FEI Number:	20-4289057	FEI Number Applied For ( ) FEI Nu	umber Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
3029 SHAN	MELVA M MRS MROCK ST. SC SSEE, FL 32309	UTH			
	named entity su of Florida.	ibmits this statement for the purpose	of changing i	its registered office or registered agent, or both,	
SIGNATUF					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	M ()[ LELAND, JACK F 991691 OLD MA TALLAHASSEE,	GNOLIA ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	M () I HENDERSON, R 2728 TESS CIRC TALLAHASSEE,	CLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	M () [ HAMM, MARY M 55 TOBACCO RO TALLAHASSEE,	DAD	Title: Name: Address: City-St-Zip:	M (X) Change ( ) Addition DANIELS, JENNIFER MS. 718 HESTER STREET TALLAHASSEE, FL 32309 US	
Title: Name: Address: City-St-Zip:	M () I HAMM, PEMON 55 TOBACCO RO HAVANA, FL 323	DAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	M ()[ KELLER, JAMES 6129 PISGAH CH TALLAHASSEE,	HURCH ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	M () [ BEAVERS, PHYL 1337 IDLEWILD TALLAHASSEE,	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MELVA HOOKER M 04/23/2009