


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

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005004 1. Entity Name LUCILLE RENAE TIMMS MINISTRIES, INC.	
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Principal Place of Business 7831 PINEAPPLE DR ORLANDO, FL 32835	Mailing Address 7831 PINEAPPLE DR ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-2063220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIMMS, LUCILLE R 7831 PINEAPPLE DR ORLANDO, FL 32835
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMMS, LUCILLE R 7831 PINEAPPLE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, ANGELA 7831 PINEAPPLE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, MYRTICE 7831 PINEAPPLE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMMS, LUCILLE 7831 PINEAPPLE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROLLINS, LASHAWN 7831 PINEAPPLE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000828296
02/25/08-80006-014 70.00

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: Lucille R. Timms 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #