

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N06000007349

Entity Name: T.I.T.T.S MINISTRY, INC.

Current Principal Place of Business:

305 PONDEROSA CIRCLE
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 426
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 20-0814022 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:

WALKER-COPELAND, ROSILYN D
305 PONDEROSA CIRCLE
MIDWAY, FL 32343 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:

Title: P () Delete
Name: WALKER-COPELAND, ROSILYN D
Address: 305 PONDEROSA CIRCLE
City-St-Zip: MIDWAY, FL 32343

Title: SEC () Delete
Name: WALKER, KEISHA L
Address: 708 W. 2ND ST.
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: HENRY, PATSY A
Address: 85 SLASH CIRCLE
City-St-Zip: MIDWAY, FL 32343

Title: T () Delete
Name: RICHARDSON, ANQUARNETTE
Address: 322 CONGO RD.
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: T () Delete
Name: PUGH, MICHAUNA
Address: 305 PONDEROSA CIRCLE
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ROSILYN D. COPELAND

P

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date