


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007584	
1. Entity Name TAKE HIM TO THE STREETS MINISTRIES, INC	

Principal Place of Business 16489 S.W. 31ST STREET MIRAMAR, FL 33027	Mailing Address 16489 S.W. 31ST STREET MIRAMAR, FL 33027
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04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0833456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EDWARDS, LEON W 16489 S.W. 31ST STREET MIRAMAR, FL 33027
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, LEON W 16489 S.W. 31ST STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, ANA B 16489 S. W 31 ST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, LAKISHA 1860 ADVENTURE PLACE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80034-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-6-08 931-245-2816