

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-09-2007 90054 035 ****70.00

DOCUMENT # N06000008741					
1. Entity Name TRANSFORMATION MINISTRY OF OSCEOLA COUNTY, INC.					
Principal Place of Business 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741			Mailing Address 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0543875	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, TIM P ASTOR 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <u>Tim Wilder</u> <u>TIM WILDER</u> <u>7/29/07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHOOD, P.E., PAUL <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, SANDY <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPPERSON, HAL ESQ. <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNDON, TRISH <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE, PAUL DR. <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRICK, BOB <input type="checkbox"/> Delete 1700 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>PAUL E MAHOOD</u> <u>8/3/07</u> <u>407-973-8705</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

8/

