2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005921

Entity Name: TREASURE ANOINTING MINISTRIES INC.

FILED Sep 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1505 HARBOR CLUB DRIVE TALLAHASSEE, FL 32308			3236 BODMIN MOOR DRIVE TALLAHASSEE, FL 32317		
Current Mailing Address:			New Mailing Address:		
P. O. BOX 146 TALLAHASSEE, FL 323020146			3236 BODMIN MOOR DRIVE TALLAHASSEE, FL 32317		
FEI Number: 26-1162491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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:					
ORLANDO	T SOUTH S , FL 32805 named enti	US	of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
		ronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P SIMMONDS P. O. BOX 1 TALLAHASS		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CALHOUN, BIANCA S 3236 BODMIN MOOR DRIVE TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	CHRM WOODARD P. O. BOX 1 TALLAHASS		Title: Name: Address: City-St-Zip:	CHRM (X) Change () Addition WOODARD, JOE 2876 NORTH JULIET DRIVE DELTONA, FL 32738	
Title: Name: Address: City-St-Zip:	VP RAMIREZ, A 2125 ELCAI DELTONA, I	/IPO AVENUE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition COBARRIS, GINA 3300 WEST SOUTH STREET ORLANDO, FL 32805	
Title: Name: Address: City-St-Zip:	S COBARRIS, 3300 WEST ORLANDO,	SOUTH STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CALHOUN, CALVIN 3236 BODMIN MOOR DRIVE TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	D ALEXANDEI 8356 BAYW ORLANDO,	OOD VISTA DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D	(X) Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BIANCA S. CALHOUN P 09/11/2008

JACKSON, NATALIE

ORLANDO, FL 32810

8356 BAYWOOD VISTA DRIVE

Name:

Address:

City-St-Zip: