

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010471

FILED  
Jan 28, 2008  
Secretary of State

**Entity Name:** POCKET FULL OF CHANGE MINISTRIES, INC.

**Current Principal Place of Business:**

1901 N. 1ST ST. #1404  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1901 N. 1ST ST. #1404  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 26-1360670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOUCHTON, CHERYLE  
1901 N. 1ST ST. #1404  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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: D ( ) Delete  
Name: TOUCHTON, CHERYLE  
Address: 1901 N. 1ST ST. #1404  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: GOLDEN, GAIL  
Address: 5960 ACKARD AVE.  
City-St-Zip: PORT ST. JOHN, FL 32927

Title: D ( ) Delete  
Name: TURNBURKE, JOHN  
Address: 10408 LESLIE DR.  
City-St-Zip: RALEIGH, NC 27615

Title: D ( ) Delete  
Name: TOUCHTON, BOB  
Address: 1922 E. PARKIDE LANE  
City-St-Zip: PHOENIZ, AZ 85024

Title: D ( ) Delete  
Name: COOLEY, DON DR.  
Address: 47 JIM WRIGHT ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHR. (X) Change ( ) Addition  
Name: TOUCHTON, CHERYLE  
Address: 1901 N. 1ST ST. #1404  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SEC (X) Change ( ) Addition  
Name: GOLDEN, GAIL  
Address: 5960 ACKARD AVE.  
City-St-Zip: PORT ST. JOHN, FL 32927

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: TOUCHTON, BOB  
Address: 1922 E. PARKIDE LANE  
City-St-Zip: PHOENIZ, AZ 85024

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: CHERYLE M. TOUCHTON

CHR

01/28/2008

Electronic Signature of Signing Officer or Director

Date