

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010471

FILED
Jan 16, 2012
Secretary of State

Entity Name: POCKET FULL OF CHANGE MINISTRIES, INC.

Current Principal Place of Business:

152 GAS LIGHT CIRCLE
STATE COLLEGE, PA 16801

New Principal Place of Business:

256 BLACKBERRY HILL ROAD
PORT MATILDA, PA 16870

Current Mailing Address:

PO BOX 51205
JACKSONVILLE BEACH, FL 32240

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:

GOBBS, BARBARA G
13011 ROCKY RIVER ROAD NORTH
JACKSONVILLE, FL 32224 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: CHR.
Name: TOUCHTON, CHERYLE M
Address: 256 BLACKBERRY HILL ROAD
City-St-Zip: PORT MATILDA, PA 16870

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

Title: VC
Name: TOUCHTON, BOB
Address: 256 BLACKBERRY HILL ROAD
City-St-Zip: PORT MATILDA, PA 16870

Title: D
Name: FAIRLESS, JOHN DR.
Address: 1000 SW 52ND AVENUE #95
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: HARRISON, STEVE
Address: 139 ELLIS ROAD
City-St-Zip: HAVERTOWN, PA 19083

I hereby 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 all other like empowered.

SIGNATURE: CHERYLE M. TOUCHTON

DIR

01/16/2012

Electronic Signature of Signing Officer or Director

Date