2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N07905 TIME MINISTRIES, INC.						90223 004 ****6	
732 CHARMWOOD DRIVE F		Mailing Address P 0 BOX 23626 JACKSONVILLE, FL 32						
	Mace of Business - No P.O. Box #	3. Mailing Address	····	.				
Suite, Apt.		Suite, Apt. #, etc.			03212008 Ch	g-NP	CR2E037 (12/06)	
City & State Jacksonville FL		City & State		4. FEI Number				
Zip 3225	9 Country	Zip	Cou	ntry	5. Certificate of Sta	itus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New R	egistered Agent	
WILES, LEONA M. 732 CHARMWOOD DRIVE SAINT AUGUSTINE, FL 32086			,	Name Bagh, Charles LV. Street Address (P.St. Box Number is Not Acceptable) 1129 River Birch Rd				
				City Tack	sonville.		FL Zip Cod	59
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 populations of populations of 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 populations of 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, 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 populations of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the sta								
SIGNATURE		and little inspositiable (NO	TE: Registered	Agent signature required	d when reinstating)		DATE .	3
SIGNATURE		9. Election Ca Trust Fund	ampaign Fi	inancing	\$5.00 May Be Added to Fees		DATE ake check payable to da Department of Si	
SIGNATURE	Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Fi	inancing	\$5.00 May Be Added to Fees	Flori		tate
10.	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Fi Contribution	inancing ion.	\$5.00 May Be Added to Fees	Flori	da Department of St	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI BOYLES, STELLA H.	9. Election Ca Trust Fund	ampaign Fi Contribution 11.	inancing ion.	\$5.00 May Be Added to Fees	Flori	da Department of Si	110
10.	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Fi Contribution 11.	inancing ion.	\$5.00 May Be Added to Fees	Flori	da Department of Si	110
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI BOYLES, STELLA H. 732 CHARMWOOD DR.	9. Election Ca Trust Fund	ampaign Fi Contribution 111. TITLE NAME STREE CITY- TITLE NAME STREE	inancing ion. E E FI ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	Flori	da Department of Si	110
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI PD BOYLES, STELLA H. 732 CHARMWOOD DR. SAINT AUGUSTINE, FL 32086 VD BAGBY, CHARLES W 1129 RIVER BIRCH RD	9. Election Ce Trust Fund	Ampaign File Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	inancing ion. E E FI ADDRESS -ST-ZIP E E FI ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	Flori	Ida Department of Stars AND DIRECTORS IN	110 Addition
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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

Stella H. Boyles PD

4-28-08

904-703-4801