

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001547

FILED
Feb 13, 2009
Secretary of State

Entity Name: TRANSFORMING LIVES BY FAITH IN ACTION, INC.

Current Principal Place of Business:

5915 WILLAIMS ROAD
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

5915 WILLAIMS ROAD
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GROOMES, MELVIN
5915 WILLAIMS ROAD
TALLAHASSEE, FL 32311 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: GROOMES, MELVIN J
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: POMPEYS, HEBERT
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: BUTLER, DEBBIE
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: GROOMES, OLLIE T
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: GARRETT, WILLIAM
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: GRAY, JESSIE
Address: 5915 WILLAIMS ROAD
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: MELVIN J. GROOMES

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date