

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006018

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** TONY PARKER MINISTRIES, INC.

**Current Principal Place of Business:**

202 SOUTH MCARTHUR STREET  
QUINCY, FL 32316

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 20005  
TALLAHASSEE, FL 32316

**New Mailing Address:**

**FEI Number:** 26-2878854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARKER, ANTHONY  
202 SOUTH MCARTHUR STREET  
QUINCY, FL 32316 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: PD ( ) Delete  
Name: PARKER, ANTHONY  
Address: 202 SOUTH MCARTHUR STREET  
City-St-Zip: QUINCY, FL 32316

Title: DT ( ) Delete  
Name: ALBRITTON, IRENE  
Address: 150 HILL TOP DRIVE  
City-St-Zip: MIDWAY, FL 32343

Title: DS ( ) Delete  
Name: HOVER, LILLIAN  
Address: 202 SOUTH MCARTHUR STREET  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: MILTON, DANA  
Address: 64 N. CLEVELAND STREET #2303  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: BROWN, VALECIA  
Address: 109 EARNEST STREET  
City-St-Zip: QUINCY, FL 32351

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

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

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

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

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

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: ANTHONY PARKER

DP

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date