

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006890

FILED
Apr 14, 2009
Secretary of State

Entity Name: TEAM SPORTS MINISTRIES, INC

Current Principal Place of Business:

5143 ELPINE WAY
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

5143 ELPINE WAY
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 26-3005853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSROADS TRANSPORTATION INC
5143 ELPINE WAY
PALM BEACH GARDENS, FL 33418 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: P () Delete
Name: ARNOLD, CLIFTON S
Address: 5143 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DIR () Delete
Name: RICK, WHITTER
Address: PO BOX 1149
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T () Delete
Name: JOELLE, YEARTY B
Address: 3334 FLORIDA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410-241 US

Title: D () Delete
Name: MIKE, ALBRITTON T
Address: 4332 HOLLY DR
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BARNES, JEFFERY A
Address: 1539 ROYAL OAK DRIVE
City-St-Zip: MANSFIELD, OH 44906-351 US

Title: D (X) Change () Addition
Name: JOELLE, YEARTY B
Address: 3334 FLORIDA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410-241 US

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

Title: D () Change (X) Addition
Name: SHEA, WILLIAM J
Address: 6452 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458

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: CLIFTON SCOTT ARNOLD

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date