

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005924

FILED  
Apr 04, 2010  
Secretary of State

**Entity Name:** TRANSFORMATION MINISTRY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

732 YUCATAN CT  
KISSIMMEE, 34758

**New Principal Place of Business:**

732 YUCATAN CT  
KISSIMMEE, FL 34758

**Current Mailing Address:**

732 YUCATAN CT  
KISSIMMEE, 34758

**New Mailing Address:**

732 YUCATAN CT  
KISSIMMEE, FL 34758

**FEI Number:** 38-3801252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHOOD, PAUL E  
732 YUCATAN CT  
KISSIMMEE, FL 34758 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, D  
Name: MAHOOD, PAUL E  
Address: 732 YUCATAN CT.  
City-St-Zip: KISSIMMEE, FL 34758

Title: VP, D  
Name: LOVELACE, LISA K  
Address: 4125 SUN VIEW CT..  
City-St-Zip: KISSIMMEE, FL 34745

Title: T, D  
Name: KIRWIN, JIM  
Address: 14238 LORD BARCLAY DR.  
City-St-Zip: ORLANDO, FL 32837

Title: S, D  
Name: SMITH, HABERTA  
Address: 3750 NORTHGATE DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: S, D  
Name: JOHNSON, RICKY  
Address: 3002 DIAMOND LANE  
City-St-Zip: SAINT CLOUD, FL 34772

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: PAUL E MAHOOD

PD

04/04/2010

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

\_\_\_\_\_  
Date