

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005291

**FILED**  
**May 17, 2012**  
**Secretary of State**

**Entity Name:** TLH MINISTRIES INC

**Current Principal Place of Business:**

230 LAKE DOYLE DRIVE  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 LAKE DOYLE DRIVE  
DELTONA, FL 32738 US

**New Mailing Address:**

PO BOX 445  
OSTEEN, FL 32764 US

**FEI Number:** 27-2778498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEGWOOD, TIMOTHY L  
230 LAKE DOYLE DRIVE  
DELTONA, FL 32738 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  
**Name:** HEGWOOD, TIMOTHY L  
**Address:** 230 LAKE DOYLE DRIVE  
**City-St-Zip:** DELTONA, FL 32738 US

**Title:** VP  
**Name:** HEGWOOD, LINDA I  
**Address:** 230 LAKE DOYLE DRIVE  
**City-St-Zip:** DELTONA, FL 32738 US

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:** TIMOTHY L HEGWOOD

P

05/17/2012

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

\_\_\_\_\_  
Date