2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: TRUSTED PARTNERS FOR CHRIST, INC.

Current Principal Place of Business:

405 N. OREGON AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

405 N. OREGON AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 27-3395693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, WILLIE B
405 N. OREGON AVE
TAMPA, FL 33606 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: CHRM
Name: HUGHES, ARTHUR
Address: P.O. BOX 284
City-St-Zip: HUMPHREY, AR 72073

Title: SECT
Name: JOHNSON, MAURICE
Address: 1320 DOUGLAS AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TREA
Name: FAIR, JOHN
Address: P. O. BOX 680686
City-St-Zip: MIAMI, FL 33168

Title: DIR
Name: COOPER, ROSA
Address: 629 E. 87TH PLACE
City-St-Zip: CHICAGO, IL 60619

Title: DIR
Name: DAVIS, MARVIS
Address: 503 BOOKS AVE
City-St-Zip: VENICE, CA 90291

Title: DIR
Name: NASH, S C
Address: 3700 SIMPSON STUART ROAD
City-St-Zip: DALLAS, TX 75241

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: JOHN FAIR REV 04/25/2011

Electronic Signature of Signing Officer or Director Date