

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011070

FILED
Jan 26, 2012
Secretary of State

Entity Name: THE TRANSFORMATION CENTER, INC.

Current Principal Place of Business:

2802 SR 60
EAST VALRICO, FL 33954

New Principal Place of Business:

Current Mailing Address:

C/O PASTOR ODANE JAMES
545 NW 210TH ST #104
MIAMI, FL 33169

New Mailing Address:

FEI Number: 45-3859448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAMES, ODANE
545 NW 210TH ST #104
MIAMI, FL 33169 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: PCEO
Name: JAMES, ODANE
Address: 545 NW 210TH ST #104
City-St-Zip: MIAMI, FL 33169

Title: TD
Name: POWELL, MARVIN
Address: 10742 STANDING STONE DRIVE
City-St-Zip: WIMAUMA, FL 33598

Title: D
Name: JAMES, DAFTON
Address: 1503 SW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP
Name: JAMES, TIFFANY
Address: 545 NW 210TH ST #104
City-St-Zip: MIAMI, FL 33169

Title: S
Name: EDWARDS, CHEYENNE
Address: 3515 40TH ST SOUTH #40-G
City-St-Zip: ST PETERSBURG, FL 33711

Title: D
Name: NELSON, EULAR
Address: 1321 NW 43RD AVE #104
City-St-Zip: LAUDERHILL, FL 33313

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: ODANE JAMES

PCEO

01/26/2012

Electronic Signature of Signing Officer or Director

Date