

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 23, 2008**  
**Secretary of State**

DOCUMENT# N19751

**Entity Name:** TARGET MINISTRIES, INC.**Current Principal Place of Business:**2995 REXFORD STREET  
JACKSONVILLE, FL 32254**New Principal Place of Business:**219 MCDUFF AVE. SOUTH  
JACKSONVILLE, FL 32254**Current Mailing Address:**2995 REXFORD STREET  
JACKSONVILLE, FL 32254**New Mailing Address:**219 MCDUFF AVE. SOUTH  
JACKSONVILLE, FL 32254**FEI Number:** 59-2890427**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SPENCE, KEVIN P  
2995 REXFORD STREET  
JACKSONVILLE, FL 32254 US**Name and Address of New Registered Agent:**ALBERTSON, SHIRLEY J  
219 MCDUFF AVE. SOUTH  
JACKSONVILLE, FL 32254 US

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: SHIRLEY J. ALBERTSON

08/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ALBRETSON, SHIRLEY J  
Address: 219 S. MCDUFF AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD ( ) Delete  
Name: PAUL, CHARLES E  
Address: 3900 ALLENBY  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: SPENCE, KEVIN PAUL  
Address: 1469 DOLPHIN ST NORTH  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: ALBERTSON, SHIRLEY J  
Address: 219 MCDUFF AVE. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VD (X) Change ( ) Addition  
Name: HODGES, JUANITA  
Address: 1128 BLAIR RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD (X) Change ( ) Addition  
Name: DICE, KIMLIN  
Address: 279-1 FORBES ST  
City-St-Zip: JACKSONVILLE, FL 32204

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: SHIRLEY J. ALBERTSON

PTD

08/23/2008

Electronic Signature of Signing Officer or Director

Date