

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 037 ****70.00

DOCUMENT # N33167

1. Entity Name

2ND TIMOTHY TWO MINISTRIES, INC.



Principal Place of Business	Mailing Address
2104 CYPRESS BEND DRIVE SOUTH APT. 401 POMPANO BCH. FL 33069-4444	2104 CYPRESS BEND DRIVE SOUTH APT. 401 POMPANO BCH. FL 33069-4444



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number	Applied For
Zip	Country	65-0163636	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LILLIAN SAUNDERS
2104 CYPRESS BEND DR., #401
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAUNDERS, LILLIAN	
STREET ADDRESS	2104 CYPRESS BEND DR. S.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, SHARI	
STREET ADDRESS	250 HARBOR TOWN DR. EAST #907	
CITY-ST-ZIP	DETROIT MI 48207	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MARY	
STREET ADDRESS	2221 CYPRESS ISLAND DR., #501	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2104 CYPRESS BEND DR. #401
CITY-ST-ZIP	POMPANO BCH FL. 33069
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3223 PIMROSE LANE
CITY-ST-ZIP	PITTSFIELD TOWNSHIP MI. 48197
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON CORIN
STREET ADDRESS	3415 BEECHWOOD BLVD. #3
CITY-ST-ZIP	PITTSBURGH PA. 15217
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Saunders*

2/1/06 954 975-8663