


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33167</b> 1. Entity Name 2ND TIMOTHY TWO MINISTRIES, INC.	
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Principal Place of Business 2104 CYPRESS BEND DRIVE SOUTH APT. 401 POMPANO BCH., FL 33069-4444	Mailing Address 2104 CYPRESS BEND DRIVE SOUTH APT. 401 POMPANO BCH., FL 33069-4444
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01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0163636	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LILLIAN SAUNDERS 2104 CYPRESS BEND DR., #401 POMPANO BCH, FL 33069
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**DO NOT WRITE  
IN THIS SPACE**

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

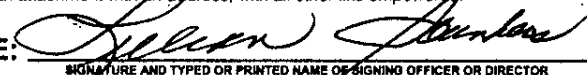
**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, LILLIAN 2104 CYPRESS BEND DR, # 401 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, SHARI 3223 PIMROSE LN PITTSFIELD TOWNSHIP, MI 48197
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, CORIN 3415 BEECHWOOD BLVD, # 3 PITTSBURGH, PA 15217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 954975-8663  
Date Daytime Phone #

LILLIAN SAUNDERS