

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000357

FILED
May 03, 2009
Secretary of State

Entity Name: TAMPA BAY MESSAGE OF HEALTH MINISTRIES, INC.

Current Principal Place of Business:

3981 68TH AVENUE NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

3981 68TH AVENUE NORTH
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-3221248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLETCHER, CLIVE A
326 51ST AVENUE N.
ST. PETERSBURG, FL 33703 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: PD () Delete
Name: FLETCHER, CLIVE A MR.
Address: 326 -51ST AVE N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: C () Delete
Name: FLETCHER, RHONI E MRS.
Address: 326 -51ST AVE N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: SD (X) Delete
Name: MORGAN, MARGARET E MRS.
Address: 114 RICHMAR AVE
City-St-Zip: HANES CITY, FL 33844

Title: TD () Delete
Name: SCOTT, KENNETH C MR.
Address: 1401 45TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VD () Delete
Name: HOUSE, DAVE A MR.
Address: 24737 LAUREL RIDGE DRIVE
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FLETCHER, RHONI E MRS.
Address: 326 -51ST AVE N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RHONI E. FLETCHER

SD

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date