

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000924</b>	
1. Entity Name <b>TOTAL CHANGE AND EMPOWERMENT MINISTRIES, INC.</b>	
Principal Place of Business <b>10275 N.E. 2ND AVE MIAMI SHORES, FL 33138</b>	Mailing Address <b>10275 N.E. 2ND AVE MIAMI SHORES, FL 33138</b>



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3698830</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BROWN, CURTIS R 10275 N.E. 2ND AVE MIAMI SHORES, FL 33138</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**U000000920875  
05/14/08-80060-018 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CURTIS R 19622 N.W. 88 AVENUE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, EDWARD 17721 N.W. 14 COURT MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, EDDIE 2870 N.W. 205 STREET MIAMI, FL 33056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*Curtis R. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Curtis R. Brown 4-21-08 (305) 759-8819*  
Date Daytime Phone #