

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000924

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** TOTAL CHANGE AND EMPOWERMENT MINISTRIES, INC.

**Current Principal Place of Business:**

10275 N.E. 2ND AVE  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

10275 N.E. 2ND AVE  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 22-3698830      **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:**

BROWN, CURTIS R  
10275 N.E. 2ND AVE  
MIAMI SHORES, FL 33138      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: BROWN, CURTIS R  
Address: 19622 N.W. 88 AVENUE  
City-St-Zip: MIAMI, FL 33016

Title: SD      ( ) Delete  
Name: BROWN, EDWARD  
Address: 17721 N.W. 14 COURT  
City-St-Zip: MIAMI, FL 33056

Title: TD      ( ) Delete  
Name: HARRIS, EDDIE  
Address: 2870 N.W. 205 STREET  
City-St-Zip: MIAMI, FL 33056

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

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: CURTIS R. BROWN

PD

05/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date