

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002329

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: TOTAL TRANSFORMATION MINISTRIES, INC.

**Current Principal Place of Business:**

121 E 8TH ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

4422 WILLSCARLET RD  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

FEI Number: 59-3376980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIVENS, BARBARA A REV.  
121 E STN ST PO BOX 9005  
JACKSONVILLE, FL 32205

**Name and Address of New Registered Agent:**

LANE, BARBARA A REV.  
PO BOX 9005  
JACKSONVILLE, FL 32208

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: DR. BARBARA A. LANE, PASTOR

09/08/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIVENS, BARBARA A REV.  
Address: 4422 WILL SCARLET ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: GIBBS, MARY LOU REV.  
Address: 3330 N. LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: ADAMS, JEAN REV.  
Address: 5612 HOLLIN HEAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: GIVENS, EVERETT JR.  
Address: 4422 WILL SCARLET ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: D (X) Change ( ) Addition  
Name: LANE, BARBARA A REV.  
Address: 4422 WILL SCARLET ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

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 for the exemption stated in Section 119.07(3)(i), 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: REV. DR. BARBARA A. LANE (GIVENS)

PAST

09/08/2004

Electronic Signature of Signing Officer or Director

Date