

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002329

FILED
Apr 21, 2009
Secretary of State

Entity Name: TOTAL TRANSFORMATION MINISTRIES, INC.

Current Principal Place of Business:

1467 W. 23RD ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4422 WILL SCARLET 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:

LANE, BARBARA A REV.
4422 WILL SCARLET RD
JACKSONVILLE, FL 32208 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: D () Delete
Name: LANE, 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 32208

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: 223 SAMUEL ST.
City-St-Zip: DAVENPORT, FL 33297

Title: D () Delete
Name: LANE, MARCUS
Address: 4422 WILL SCARLET RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: LITTLES, DIANE
Address: 7118 RUSSELL ST.
City-St-Zip: JACKSONVILLE, FL 32208

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: BARBARA A. LANE

DR.

04/21/2009

Electronic Signature of Signing Officer or Director

Date