

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90163 033 \*\*\*\*70.00

**DOCUMENT # N96000005738**

1. Entity Name  
**A TOUCH OF GOD MINISTRIES, INC.**



Principal Place of Business  
**9949 51ST AVENUE N.  
ST PETERSBURG, FL 33708**

Mailing Address  
**POST OFFICE BOX 530338  
ST. PETERSBURG, FL 33747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3432714**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, MARIE B  
1204 E. HENRY AVENUE  
TAMPA, FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LYUM, HARRY G  
STREET ADDRESS 9949 51ST AVENUE N.  
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME LINDSEY, MARIA P  
STREET ADDRESS 6291 BAHIA DEL MAR CIR., #0-302  
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HARPER, JOHN  
STREET ADDRESS 6287 BAHIA DEL MAR CIR., #504  
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME JOHNSON, MARIE B  
STREET ADDRESS 1204 E. HENRY AVENUE  
CITY-ST-ZIP TAMPA, FL 33604

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MITSCH, JOSEPH  
STREET ADDRESS 13804 SIGLER STREET  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Marie B Johnson*

*Marie B Johnson*

*April 24, 2006 (727) 871-0873*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #