

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000258

1. Entity Name
TODAY'S MINISTRY, INC.



Principal Place of Business
**4714 ALMARK DRIVE
ORLANDO, FL 32839**

Mailing Address
**POST OFFICE BOX 551008
ORLANDO, FL 32855-1008**



05042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3430787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HALL, HENRY PASTOR
4714 ALMARK DRIVE
ORLANDO, FL 32839**

**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 _____
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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, HENRY PASTOR
STREET ADDRESS	4714 ALMARK DRIVE
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	D
NAME	HALL, DENISE
STREET ADDRESS	4714 ALMARK DRIVE
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	D
NAME	RICHARDSON, KATHRYN REV
STREET ADDRESS	918 S GOLDWYN AVE
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/12/05-80005-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Pastor Henry Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5, 2005 *407-284-7111*
Date Daytime Phone #