

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90057 006 \*\*\*\*70.00

<b>DOCUMENT # N97000000258</b>			
<b>1. Entity Name</b> TODAY'S MINISTRY, INC.		<b>Principal Place of Business</b> 4714 ALMARK DRIVE ORLANDO, FL 32839	
<b>Mailing Address</b> POST OFFICE BOX 551008 ORLANDO, FL 32855-1008			
<b>2. Principal Place of Business, No. P.O. Box #</b> 22840 CR44A Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 555947 Suite, Apt. #, etc.	
<b>City &amp; State</b> EUSTIS, FL		<b>City &amp; State</b> Orlando, FL 32855	
<b>Zip</b> 32736		<b>Zip</b> 32855	
<b>Country</b> Lake		<b>Country</b> Orange	
<b>4. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>6. Name and Address of Current Registered Agent</b>  HALL, HENRY PASTOR 4714 ALMARK DRIVE ORLANDO, FL 32839	
<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City EUSTIS, FL FL Zip Code 32736		<b>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.</b>  SIGNATURE: <i>Pastor Henry Hall</i> (NOTE: Registered Agent signature required when re-registering)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HALL, HENRY PASTOR 4714 ALMARK DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22840 CR44A EUSTIS, FL 32736
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HALL, DENISE 4714 ALMARK DRIVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22840 CR44A EUSTIS, FL 32736
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RICHARDSON, KATHRYN REV 918 S GOLDWYN AVE ORLANDO, FL 32839 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Pastor Henry Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Paul 33, 2007</i> Daytime Phone #	