

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001259

FILED
Apr 28, 2006
Secretary of State

Entity Name: TOUCH WORLD MINISTRIES CHURCH, INC.

Current Principal Place of Business:

POST OFFICE BOX 19331
JACKSONVILLE, FL 32245

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 19331
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3578448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTHRA, GURDEEP
1734 PEPPER STONE COURT
ST AUGUSTINE, FL 32092 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: PD () Delete
Name: LUTHRA, LU
Address: 2860 HILLSDALE HARBOUR WAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: VSD () Delete
Name: LUTHRA, CYNTHIA
Address: 2860 HILLSDALE HARBOUR WAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: FLOYD, ED REV
Address: 353 FIFTH ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: GREEN, KEVIN
Address: 8280 PRINCETON SQUARE STE 8
City-St-Zip: JACKSONVILLE, FL 32256

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LU LUTHRA

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date