

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002182

Entity Name: MR. T'S MINISTRIES, INC.

FILED  
Apr 22, 2007  
Secretary of State

## Current Principal Place of Business:

P O BOX 562646  
MIAMI, FL 33256

## New Principal Place of Business:

11355 SW 148 ST  
MIAMI, FL 33176

## Current Mailing Address:

P O BOX 562646  
MIAMI, FL 33256

## New Mailing Address:

FEI Number: 65-0904850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TAYLOR, HAYWARD REV.  
11355 SW 148 ST  
MIAMI, FL 33176 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: V ( ) Delete  
Name: CONE, WILLIE JR  
Address: 20022 NW 62 TERRACE  
City-St-Zip: MIAMI, FL 33150

Title: S ( ) Delete  
Name: ROBERTSON, DOROTHY  
Address: 113550 SW 148TH STREET  
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete  
Name: TAYLOR, OSSIE  
Address: 10760 SW 149TH STREET  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: CONE, PAULA  
Address: 20022 NW 62 TERRACE  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: EDWARDS, OLIVE  
Address: 9910 SW 164TH TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: COX, MYRNA  
Address: 11240 SW 170TH TERRACE  
City-St-Zip: MIAMI, FL 33157

## 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: ( ) 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: REV. HAYWARD TAYLOR

DIR

04/22/2007

Electronic Signature of Signing Officer or Director

Date