

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003841

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: TRAVELERS MOBILE MINISTRY, INC.

**Current Principal Place of Business:**

6787 COPPERFIELD DRIVE  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

6787 COPPERFIELD DRIVE  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 59-3582029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANE, TOMMIE S  
6787 COPPERFIELD DRIVE  
NEW PORT RICHEY, FL 34655 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: LANE, TOMMIE  
Address: 6787 COPPERFIELD AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD ( ) Delete  
Name: LANE, CHRISTINA  
Address: 6787 COPPERFIELD AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete  
Name: PAULES, SHERRI  
Address: 5416 FULMER AVE  
City-St-Zip: TAMPA, FL 33625

Title: BM ( ) Delete  
Name: HATTEN, BRENT  
Address: 2321 N MERRILY CIR  
City-St-Zip: SEFFNER, FL 33584

Title: BM ( ) Delete  
Name: WOLFE, EDWARD  
Address: 4648 NE VAUGHEN ST  
City-St-Zip: TERREBONNE, OR 977600598

Title: BM ( ) Delete  
Name: NOAK, DONNA  
Address: 9627 FOX HEARST RD  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LANE, TOMMIE S  
Address: 6787 COPPERFIELD AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD (X) Change ( ) Addition  
Name: LANE, CHRISTINE  
Address: 6787 COPPERFIELD AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: BM (X) Change ( ) Addition  
Name: NOVAK, DONNA  
Address: 9627 FOX HEARST RD  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: TOMMIE S. LANE

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date