

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003841

FILED
Jan 06, 2011
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:

4613 U.S.HWY.19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6787 COPPERFIELD DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

4613 U.S. HWY.19
NEW PORT RICHEY, FL 34652

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

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

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

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

Title: BM
Name: NOVAK, DONNA
Address: 9627 FOX HEARST RD
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: TOMMIE S. LANE

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date