

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017923

FILED
Mar 22, 2009
Secretary of State

Entity Name: TEACHABLE MOMENTS CONSULTING, INCORPORATED

Current Principal Place of Business:

514 DAVID AVENUE
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

514 DAVID AVENUE
PANAMA CITY, FL 32404

New Mailing Address:

P.O. BOX 36225
PANAMA CITY, FL 32401-446 US

FEI Number: 26-1659736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCALISTER, MARIA D
514 DAVID AVENUE
PANAMA CITY, FL 32404 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCALISTER, MARIA D
Address: 514 DAVID AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: VP () Delete
Name: MCCALISTER, CHRISTA A
Address: 3408 ASHWOOD LANE
City-St-Zip: SASCHE, TX 75048

Title: ST () Delete
Name: MCCALISTER-CRUEL, LORA M
Address: 614 JENNINGS AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCALISTER, MARIA D
Address: 514 DAVID AVENUE
City-St-Zip: PANAMA CITY, FL 32404-601 US

Title: VP (X) Change () Addition
Name: MCCALISTER, CHRISTA A
Address: 3408 ASHWOOD LANE
City-St-Zip: SASCHE, TX 75048 US

Title: ST (X) Change () Addition
Name: MCCALISTER-CRUEL, LORA M
Address: 614 JENNINGS AVENUE
City-St-Zip: PANAMA CITY, FL 32404-601 US

Title: CEO () Change (X) Addition
Name: MCCALISTER, JAMES E SR.
Address: 514 DAVID AVENUE
City-St-Zip: PANAMA CITY, FL 32404-601 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D. MCCALISTER

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date