

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005955

FILED
Apr 04, 2005
Secretary of State

Entity Name: TAKING NEW TERRITORY-NOW MINISTRIES, INC. (TNT-NOW MINISTRIES)

Current Principal Place of Business:

2004 ARLINGTON DRIVE
KINGSPORT, TN 37663

New Principal Place of Business:

Current Mailing Address:

4905 NEWTON CT.
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 62-1815990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, DON
4905 NEWTON CT.
ST. CLOUD, FL 34771 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: P () Delete
Name: HAND, DON
Address: 4905 NEWTON CT.
City-St-Zip: ST. CLOUD, FL 34771

Title: S () Delete
Name: HAND, ROBYN
Address: 4905 NEWTON CT.
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: COLEMAN, CHRIS
Address: 1414 REMINGTON STREET
City-St-Zip: GRAHAM, TX 76450

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DON HAND

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date