2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N00000002886

Entity Name: TEKTON APOLOGETICS MINISTRIES, INC.

Current Principal Place of Business:

2609 GREYWALL AVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 112
CLARCONA, FL 327100112

New Mailing Address:

FEI Number: 59-3646354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURKEL, ROBERT
2609 GREYWALL AVE
OCOEE, FL 34761 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: TD ( ) Delete
Name: FRENCH, WARREN
Address: 5901 DAHLIA DR
City-St-Zip: ORLANDO, FL 32807

Title: VPD ( ) Delete
Name: SPIRES, KEVEN
Address: 8 TINEQUA DR
City-St-Zip: BREVARD, NC 28712

Title: PD ( ) Delete
Name: TURKEL, ROBERT
Address: 2609 GREY WELL AVE
City-St-Zip: OCOEE, FL 34761

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: ROBERT TURKEL PRES 01/06/2005

Electronic Signature of Signing Officer or Director — Date