2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007676

FILED Jan 24, 2005 Secretary of State

Entity Name: THE CONCERT MINISTRY OF TIMOTHY MARK, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HAM AVE A, TN 38401				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 2 COLUMBI	003 A, TN 38402				
FEI Number	: 65-1054004	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
The above	EK DR ARLOTTE, FL		urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
		ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name:	PD () PICKELL, TIMO 2012 DENHAM		Title: Name: Address:	() Change () Addition	
	COLUMBIA, TN	38401	City-St-Zip:		
City-St-Zip: Title: Name: Address:		Delete PHEN V CT	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VD () PICKELL, STEF 16 AMBERVIEV COLDWATER,	Delete PHEN VCT MI 49036 Delete ID AKE DR	Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VD () PICKELL, STEP 16 AMBERVIEV COLDWATER, STD () SIMPSON, DAV 19543 PINEY L SPRING, TX 77	Delete PHEN V CT VII 49036 Delete ID AKE DR '388 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: TIMOTHY PICKELL PD 01/24/2005