

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008032

Entity Name: FOCAL POINT MINISTRIES, INC.

FILED  
May 05, 2004  
Secretary of State

## Current Principal Place of Business:

1491 VOLCA RD.  
EDGEWATER, FL 32141

## New Principal Place of Business:

205 N. BROOKS CIRCLE  
OAK HILL, FL 32759

## Current Mailing Address:

PO BOX 325  
EDGEWATER, FL 32132

## New Mailing Address:

FEI Number: 59-3700266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIGGLES, MICHAEL D  
1491 VOLCO RD.  
EDGEWATER, FL 32141

## Name and Address of New Registered Agent:

BIGGLES, MICHAEL D  
205 N. BROOKS CIRCLE  
OAK HILL, FL 32759

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: \_\_\_\_\_

05/05/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BIGGLES, MICHAEL D  
Address: 1491 VOLCO RD  
City-St-Zip: EDGEWATER, FL

Title: VTD ( ) Delete  
Name: CLEAVLAND, PEGGY  
Address: 4333 WHITING WAY  
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete  
Name: GRANT, TONY  
Address: 322 CANAL RD APT. 1  
City-St-Zip: EDGEWATER, FL 32132

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BIGGLES, MICHAEL D  
Address: 205 N. BROOKS CIRCLE  
City-St-Zip: OAK HILL, FL 32759

Title: VTD (X) Change ( ) Addition  
Name: CLEVELAND, PEGGY  
Address: 4333 WHITING WAY  
City-St-Zip: EDGEWATER, FL 32141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Change (X) Addition  
Name: PEPIN, BRUCE  
Address: 2432 LYDIA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MICHAEL D. BIGGLES

PSD

05/05/2004

Electronic Signature of Signing Officer or Director

Date