

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 23, 2004  
Secretary of State**

DOCUMENT# N02000002207

Entity Name: AARON ODOM MINISTRIES, INC.

**Current Principal Place of Business:**

702 51ST ST. E  
APT. 1127A  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1592  
PALMETTO, FL 34220

**New Mailing Address:**

FEI Number: 01-0649381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ODOM, AARON  
702 51ST ST. E  
BRADENTON, FL 34208

**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: PD ( ) Delete  
Name: ODOM, AARON  
Address: 702 51ST ST. E.  
City-St-Zip: BRADENTON, FL 34208

Title: TD (X) Delete  
Name: CULPEPPER, ANELA  
Address: 4925 70TH STREET E  
City-St-Zip: PALMETTO, FL 34221

Title: SD (X) Delete  
Name: MULLIS, JUDY  
Address: 6221 28TH AVENUE E  
City-St-Zip: BRADENTON, FL 34208

Title: D (X) Delete  
Name: THOMAS, PATTY  
Address: POST OFFICE BOX 906  
City-St-Zip: PALMETTO, FL 34220

**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:

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: AARON ODOM

Electronic Signature of Signing Officer or Director

MR.

08/23/2004

Date