2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N02000008716

Entity Name: MIGHTY MEN OF GOD, INC.

Current Principal Place of Business:

PO BOX 70
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

PO BOX 70
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 04-3722144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FL. INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801 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: D ( ) Delete
Name: CRAWFORD, PAUL R
Address: 7943 WELLSMERE CIR
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: SHAVER, BILL
Address: C/O PO BOX 70
City-St-Zip: ORLANDO, FL 32802

Title: D ( ) Delete
Name: GANDY, PHIL
Address: C/O PO BOX 70
City-St-Zip: ORLANDO, FL 32802

Title: P ( ) Delete
Name: FREED, PAUL D DR
Address: 2225 RIDGEWIND WAY
City-St-Zip: WINDERMERE, FL 34786

Title: S ( ) Delete
Name: COHN, PHIL
Address: C/O PO BOX 70
City-St-Zip: ORLANDO, FL 32802

Title: T ( ) Delete
Name: BARKLEY, GLENN DR
Address: 2760 GRANTHAM CT
City-St-Zip: ORLANDO, FL 32835

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:

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: DR GLENN BARKLEY T 04/14/2004

Electronic Signature of Signing Officer or Director — Date

DR BEN ARMSTRONG / D
C/O PO BOX 70
ORLANDO, FL 32802

MR JIM FREED / D
C/O PO BOX 70
ORLANDO, FL 32802