


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 020 \*\*\*\*70.00

**DOCUMENT # N02000009903**

1. Entity Name  
**INTEGRITY SHOPPING MALL, INC.**



Principal Place of Business  
**131 MARITIME DRIVE  
 SANFORD, FL 32771**

Mailing Address  
**131 MARITIME DRIVE  
 SANFORD, FL 32771**

00051757



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**55-0811222**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, ARTHUR J JR.  
 131 MARITIME DRIVE  
 SANFORD, FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MURPHY, ARTHUR J</b> <b>7462 APRELLE DRIVE</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GROSSMAN, RICHARD</b> <b>1720 SMOKETREE CIRCLE</b> <b>APOPKA, FL 32712</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MURPHY, MARY</b> <b>7462 APRELLE DRIVE</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Murphy, Mary D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7462 Aprelle Drive</b> <b>Sanford, FL 32771</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Dr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Arthur J. Murphy Jr.</b> <b>7462 Aprelle Drive</b> <b>Sanford, FL 32771</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ellis Aida</b> <b>5110 Stagecoach Road</b> <b>Little Rock, Ar. 72204</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur J. Murphy Jr. **Arthur J. Murphy Jr.** 3-11-05 407-328-9900 X32  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #