


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90046 013 \*\*\*\*61.25

**DOCUMENT # N03000001304**  
 1. Entity Name  
**STARBOARD MINISTRIES, INC.**



Principal Place of Business  
**1053 NE 15TH PL.  
 GAINESVILLE FL 32601**

Mailing Address  
**PO BOX 523  
 GAINESVILLE FL 32602**


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

3. Mailing Address  
**P.O. Box 523**  
 Suite, Apt. #, etc.

City & State  
**Dunell Fla**

Zip  
**32602**

Country  
**Alaska**



1st MOORE CR2E037 (10/04)

4. FEI Number  
**75-3101070**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**YOUNG, GEORGE F  
 1053 NW 15TH PL.  
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent  
 Name: **George F. Young**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1008 N.W. 5th Ave**  
 City: **Gainesville**  
 State: **FL** Zip Code: **32601**

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 **George F. Young (President)** **George F. Young** **3-16-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

**FILE NOW: 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	F	<input type="checkbox"/> Delete
NAME	YOUNG, GEORGE F	
STREET ADDRESS	1053 NW 15TH PL.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, BERTHA	
STREET ADDRESS	1225 SE 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	RA	<input type="checkbox"/> Delete
NAME	SCOTT, MICHAEL R	
STREET ADDRESS	4021 NW 7TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **George F. Young** **George F. Young** **3-16-05** **(352) 377-1674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #