

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

**FILED  
Jan 26, 2004  
Secretary of State**

DOCUMENT# N03000003765

Entity Name: WALLSTREET MINISTRIES CORP.

**Current Principal Place of Business:**

551 N. PARK AVE.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20  
APOPKA, FL 32704 US

**New Mailing Address:**

FEI Number: 55-0830599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALBERT, BRUCE J  
549 N. PARK AVE.  
APOPKA, FL 32703 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR ( ) Change (X) Addition  
Name: ALBERT, BRUCE J MR  
Address: 549 N. PARK AVE.  
City-St-Zip: APOPKA, FL 32712 US

Title: DR ( ) Change (X) Addition  
Name: ALBERT, IDA P MRS  
Address: 549 N. PARK AVE.  
City-St-Zip: APOPKA, FL 32712 US

Title: DR ( ) Change (X) Addition  
Name: ROGERS, JAMES H MR  
Address: P.O. BOX 655  
City-St-Zip: PLYMOUTH, FL 32768 US

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: BRUCE J. ALBERT

DIR

01/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date