2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# N16140

Entity Name: ALDRIDGE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

1530 WOODCROFT DR.
FORT MILL, SC 29708 US

New Principal Place of Business:

Current Mailing Address:

1530 WOODCROFT DR.
FORT MILL, SC 29708 US

New Mailing Address:

FEI Number: 59-2734013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, THERESA A
1630 VINTAGE STREET
KISSIMMEE, FL 34746 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: DP ( ) Delete
Name: ALDRIDGE, SILAS B.,
Address: RT 2 BOX 308L
City-St-Zip: WAYCROSS, GA 31503

Title: VTD ( ) Delete
Name: ALDRIDGE, RONALD, B,
Address: 1530 WOODCROFT DR.
City-St-Zip: FT. MILL, SC 29708

Title: D ( ) Delete
Name: JOHNSON, BOB,
Address: 3227 WISEMAN DRIVE
City-St-Zip: CHARLOTTE, NC 28227

Title: D (X) Delete
Name: HART, CHET E
Address: PO BOX 23152
City-St-Zip: CHARLOTTE, NC 28227

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change ( ) Addition
Name: ALDRIDGE, RONALD, B,
Address: 1530 WOODCROFT DR.
City-St-Zip: FT. MILL, SC 29708

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: RONALD B. ALDRIDGE VSTD 03/15/2004

Electronic Signature of Signing Officer or Director — Date