

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20831

FILED
Apr 13, 2005
Secretary of State

Entity Name: WESLEY GROUP HOME MINISTRIES, INC.

Current Principal Place of Business:

JOHNS, JUNE
400 N 35TH AVE
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

JOHNS, JUNE
400 N 35TH AVE
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0472571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNS, JUNE
121 ISLAND GROVE DR
MERRITT ISL., FL 32952 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: DS () Delete
Name: TEMPLE, ROBERT
Address: 1902 HIGH VISTA
City-St-Zip: LAKELAND, FL 338133007

Title: V () Delete
Name: KUHNEY, KING
Address: 9121 BAY POINT CR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: WINEBRENNER, OPAL
Address: 5431 NW 167TH ST
City-St-Zip: OPAL LOCKA, FL 33055

Title: D () Delete
Name: DIAZ, PEGGY
Address: 11049 SW 113RD PLACE
City-St-Zip: MIAMI, FL 331763170

Title: PD () Delete
Name: JOHNS, JUNE
Address: 121 ISLAND GROVE DR
City-St-Zip: MERRITT ISL, FL

Title: TD () Delete
Name: MULLEN, JOSEPH
Address: 7901 TAFF ST #301
City-St-Zip: PEMBROKE PINES, FL 33024

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: TD (X) Change () Addition
Name: MULLEN, JOSEPH
Address: 4747 HOLYWOOD BLVD #146
City-St-Zip: HOLLYWOOD, FL 33021

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: JOSEPH MULLEN

TD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date