

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N96000005191

Entity Name: AWESOME GOD MINISTRIES, INC.

Current Principal Place of Business:

224 EAST GARDEN STREET
SUITE 7
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

224 EAST GARDEN STREET
SUITE 7
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3415748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWELL, ROBERT
224 EAST GARDEN ST.
SUITE 7
PENSACOLA, FL 32501 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: D () Delete
Name: ROBERTSON, REVEREND C
Address: 2012 DOWNING DRIVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: SUMNER, JOHNNIE & MILL
Address: 3201 COBLESTONE DRIVE
City-St-Zip: PACE, FL

Title: T () Delete
Name: GARD, DAVID & DEBBIE
Address: 669 EASTWOOD DRIVE
City-St-Zip: LOWELL, IN

Title: P () Delete
Name: LOWELL, ROBERT W
Address: 224 E GARDEN ST, #7
City-St-Zip: PENSACOLA, FL

Title: S () Delete
Name: LOWELL, JOANN
Address: 224 E GARDEN ST, #7
City-St-Zip: PENSACOLA, FL

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:

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: ROBERT W LOWELL

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date