

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 04, 2005  
Secretary of State

DOCUMENT# N99000006619

Entity Name: A MISSION FOR SOULS MINISTRY, INC.

**Current Principal Place of Business:**

10715 S.W. 190 ST., #15  
MIAMI, FL 33143

**New Principal Place of Business:**

10715 S.W. 190 ST., #15  
MIAMI, FL 33157 US

**Current Mailing Address:**

10715 S.W. 190 ST., #15  
MIAMI, FL 33143

**New Mailing Address:**

10715 S.W. 190 ST., #15  
MIAMI, FL 33157

FEI Number: 65-0993365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

EVERETT, BETTY J  
5831 S.W. 58 TERR.  
MIAMI, FL 33143 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: PD ( ) Delete  
Name: MORRIS, MARY  
Address: 11421 S.W. 203RD TERR.  
City-St-Zip: MIAMI, FL 33189

Title: SD ( ) Delete  
Name: MORANT, LINDA  
Address: 15384 S.W. 282 ST.  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: EVERETT, BETTY  
Address: 5831 S.W. 58TH TERR.  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: MORRIS, MARY  
Address: 10715 S.W. 190 ST., #15  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: BRUCE, BARBARA  
Address: 19761 S.W. 114 AVE., APT. 138  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: CONLEY, TARA L  
Address: 173S.W. 106 AVE.  
City-St-Zip: PERRINE, FL 33157

**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: ( ) 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: BETTY EVERETT

D

08/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date