## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 14, 2004 8:00 am Secretary of State DOCUMENT # N00000006397 1. Entity Name 04-14-2004 90021 015 \*\*\*\*61.25 INTEGRITY MINISTRIES, INC. Mailing Address Principal Place of Business -6446 IRVIN AVE. CALLAHAN FL 32011 6446 IRVIN AVE. CALLAHAN FL 32011 54032936 3. Mailing Address 2. Principal Place of Business 35626 6/2Ry RD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For PL NO-T APPLICABLE allaha Not Applicable Ζip Country MASS And Country Zip \$8.75 Additional 5. Certificate of Status Desired 320% Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNEY, KENNETH D 6446 IRVIN AVE. Street Address (P.O. Box Number is Not Acceptable) CALLAHAN FL 32011 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE Delete ☐ Change ☐ Addition TITLE NELSON, NELL NAME 1890 BUCKRIDGE RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition RENNER, ARVILLE NAME 6264 DIANE ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -Addition BARNE KENNETH NAME. NAME 35626 6/DRY RD CALAMAN PL 32011 6446 TRVIN-AVE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Phone #