

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712566

FILED
Apr 22, 2004
Secretary of State

Entity Name: MOUNTAIN TOP INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

% DAVID A. JONES
6124 WEATHERWOOD CIRCLE
TAMPA, FL 33544

New Principal Place of Business:

3102 EAST LAKE AVE
TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 11308
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-2506977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID A
6124 WEATHERWOOD DRIVE
TAMPA, FL 33544 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: PCD () Delete
Name: JONES, DAVID A BISHOP
Address: 6124 WEATHERWOOD CIRCLE
City-St-Zip: TAMPA, FL 33544

Title: SD () Delete
Name: MCAFEE, SHIRLEY A
Address: 9605 N. 16TH STREET
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: STONE, OLGA
Address: 2109 ELLICOTT STREET
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: BUNTING, EDDY T
Address: 706 SUNBRIGHT DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: VPD () Delete
Name: FRAZIER, NELIA
Address: 7889 NIAGRA
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: JONES, BEVELYN
Address: P O BOX 11308
City-St-Zip: TAMPA, FL 33680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JACKSON, GARY W
Address: 2428 HANVANA DRIVE
City-St-Zip: CLEARWATER, FL 33764

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: DR. DAVID A JONES

PCD

04/22/2004

Electronic Signature of Signing Officer or Director

Date