


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732521</b> 1. Entity Name <b>ASSOCIATED MINISTRIES, INC.</b>	
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Principal Place of Business 4791 SHEFFIELD DR. P.O. BOX 450 MARIANNA, FL 32447	Mailing Address 4791 SHEFFIELD DR. P.O. BOX 450 MARIANNA, FL 32447
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01262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1680467</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**HOLLIS, JACK E.  
4476 BROAD STREET  
MARIANNA, FL 32446**

**DO NOT WRITE IN THIS SPACE**

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: Shellie J. Hollis (NOTE: Registered Agent signature required when reinstating) DATE: 1-26-04

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, JACK E 4476 BROAD ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNOLD, ZACHARY L 4466 PUTNAM STREET MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLIS, SHELLIE F. 4476 BROAD ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, GENOUS R 103 FOREST STREET HEZELHURST, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000020586  
01/29/04-80072-018 70.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Shellie J. Hollis Shellie F  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-26-04 850-526-4477  
Date Daytime Phone if