


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90041 045 ****61.25

DOCUMENT # 732521 1. Entity Name ASSOCIATED MINISTRIES, INC.					
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	
2. Principal Place of Business <i>3277 Old U.S. Rd</i> Suite, Apt. #, etc. <i>P.O. Box 450</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Marianna FL</i>		City & State		4. FEI Number 59-1680467	
Zip <i>32447</i>		Country <i>Jackson</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIS, JACK E. 4476 BROAD STREET MARIANNA, FL 32446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, JACK E 4476 BROAD ST MARIANNA, FL 32446		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNOLD, ZACHARY L 4466 PUTNAM STREET MARIANNA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLIS, SHELLIE F. 4476 BROAD ST MARIANNA, FL 32446		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, GENOUS R 103 FOREST STREET HEZELHURST, GA		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mayo Genous R Jr. 2955 Hunter Fish Camp Rd Marianna FL 32446		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Shelley J. Hollis</i> <i>1-12-05</i> 850-526-4477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					