2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740624

FILED Jan 12, 2005 Secretary of State

Entity Nar	me: J.O. MCL	.EOD EVANGELISTIC MINIS	TRIES, INC.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
P O BOX 5	RWOOD LAN 5147 ISTINE, FL 32				
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
POBOX 5	RWOOD LAN 5147 ISTINE, FL 32				
FEI Number:	: 59-1782729	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
ST. AUGU The above	RWOOD LAN ISTINE, FL 32	:085 US	purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD (DORCEY, RAN 7001 GREEN A FT. MYERS, F	ACRE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (MCLEOD,GWE 2425 DEERWO ST. AUGUSTIN	DOD LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (MCLEOD, J.O. 2425 DEERWO ST. AUGUSTIN		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GWEN S. MCLEOD STD 01/12/2005