


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 742665 1. Entity Name TED PLACE MINISTRIES, INC.	
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Principal Place of Business 16920 SW 274 STREET HOMESTEAD, FL 33031 US	Mailing Address P.O. BOX 900069 HOMESTEAD, FL 33090-0069 US
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01122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1853576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORGON, CHARLES O. JR. 1300 N.W. 167 ST. MIAMI, FL 33169

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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>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLACE, TED 700 S.E. 27 LANE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLACE, PAT 700 S.E. 27 LANE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERCE, JAMES 16920 SW 274 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000185880 01/21/05-80033-012 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>James R Pierce Jr. Treas</u> 1/16/05 (305) 246-5741
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>