2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
02-18-2004 90007 018 ****61.25

66405977

MOORE CR2E037 (11/03)

DOCUMENT # 746623

1. Entity Name

EVANGEL MINISTERS FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
7821 ALGER RD CENTURY FL 32535 US	P.O. BOX 907 CENTURY FL 32535

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2794078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REID, MATTIE 140 E. HECKER RD. CENTURY FL 32535	Name: Mattie Reid Street Address (P.O. Box Number is Not Acceptable): 140 E. Hecker Rd. Century, fla.32535 City: Century, FL Zip Code: 32535

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: Mattie Reid Mattie Reid registered Agent 2-12-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing 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 POTTER, JERRY 69 CENTER STREET P.O. BOX 1392 COLUMBUS MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brogdon,wonnie 3064 Academy Dr. Valdosta, Ga31605 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROGDON, J. R. 3064 ACADEMY DR VALDOSTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary,Treasure Mary Fountain R+1 Box 127 Nashville,Ga.31639 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, WENDELL 2147 CO RD. 599 HANCEVILLE AL 35077	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAY, RON 1585 NEEL SCHOOL ROAD DANVILLE AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REID, MATTIE PO BOX 998/140 E HECKER CENTURY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Mary Fountain, Sec/Treas Mary Fountain 3-10-04 229-543-7411 (work)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

6604059 77
#746623

3-10-04

This was returned for signature

Thanks,

Mary Fountain