


May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 752917 1. Entity Name REALITY MINISTRIES, INC.	
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Principal Place of Business 1942 ST RD 66 E ZOLFO SPRINGS, FL 33890 US	Mailing Address P.O. BOX 1726 ZOLFO SPRINGS, FL 33890 US
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DO NOT WRITE IN THIS SPACE

05262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2013143	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, JAMES RANDALL
1942 ST RD 66 E
ZOLFO SPRINGS, FL 33890DO 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating)Filing Fee is \$61.25
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	JOHNSON, BETTY J.
STREET ADDRESS	1942 ST RD 66 E
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	PD
NAME	JOHNSON, JAMES RANDALL
STREET ADDRESS	1942 ST RD 66 E
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	VD
NAME	JOHNSON, KITTRICK A
STREET ADDRESS	1942 ST RD 66 E
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Betty J. Johnson BETTY J JOHNSON 5-27-05 863-7354517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #