2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Feb 16, 2005 8:00 am **Secretary of State DOCUMENT # 759091** 02-16-2005 90059 025 ****61.25 EVANGELICAL MINISTRIES OF SOUTH FLORIDA. INC. Principal Place of Business Mailing Address 17710 S.W. 61ST COURT P.O. BOX 3359, MIAMI, FL 33169 SOUTHWEST RANCES FL 33331 17710 S.W. 61ST COURT P.O. BOX 3359, MIAMI, FL 33169 SOUTHWEST RANCES FL 33331 20011427 2. Principal Place of Business 3. Mailing Address 1101 562 Ave 1101 5 b2 Ave Suite, Apt. #, etc. O. Box 3359 Migne \$233169 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State FLORIDA 59-2126695 HONYULOOD Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 'JSA 33023 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOWYERS FRAY, SANFORD Street Address (P.O. Box Number is Not Acceptable) 17710 S.W. 61ST COURT SOUTHWEST RANCHES FL 33331 1101 5 62 AUC Zip Code *33*023 HOllyusood 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. JAWYERS *2-10-0*5 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD DRESIDENT/ DIRCHON TITLE Defete TITLE Change FRAY, SANFORD 17710 SW 61ST CT 1101 5 62 A HONY WOOD STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33027 CITY-ST-7IP CITY-ST-ZIP Lonida Delete TREOSU YERI rector Change SAWYERS, LLOYD NAME 1101 SOUTH 62ND AVE. 42 5W STREET ADDRESS STREET ADDRESS HOLLYWOOD FL THORIDA CITY-ST-ZIP CITY-ST-7IP Mikmax *33 02*5 SECRE TARY Change TITLE TITLE FRAY, SANFORD NAME NAME 17710 SW 71ST CT. STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL CITY-ST-ZIP CITY-ST-ZIP Flor 104 33331 ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #