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

## Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # 760221** 1. Entity Name BYWAYS AND HEDGES MINISTRIES-AT-LARGE, INC. Principal Place of Business Mailing Address 2600 EAST 8TH AVENUE 2600 EAST 8TH AVENUE HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2142291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANTON, KELLY E JR 8425 MENTEITH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 Zip Code 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 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition BLANTON, JACQUELINE T NAME U0000287767 8425 MENTEITH TERRACE STREET ADDRESS STREET ADORESS 04/04/05-80081-021 61.25 HIALEAH FL CITY-ST-7IP CITY-ST-ZIP HILL ☐ Delete TITLE ☐ Change ☐ Addition COUNCIL, JOE ED (MRS.) NAME NAME 271 QUMQUAT RD NE STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ☐ Addition BLANTON, THOMAS K NAME 1660 SW 72ND AVE. STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CHY-SI-ZIP TITLE Delete HILE ☐ Change ☐ Addition BLANTON, KELLY E JR NAME NAME 8425 MENTEITH TERR STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CHY ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete THELE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

FILED