

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 002 ****70.00

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01192005 Chg-NP CR2E037 (10/03)

DOCUMENT # 760423 1. Entity Name DON NORMAN MINISTRIES, INC.					
Principal Place of Business GENEVA SPRINGS CONDOMINIUMS 651 SE 28TH ST #12 MELROSE, FL 32666 US			Mailing Address P.O. BOX 813 MELROSE, FL 32666 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2159630	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORMAND, DONALD O GENEVA SPRINGS CONDOMINIUMS 651 SE 28TH STREET #12 MELROSE, FL 32666			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 re-registering) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAND, DONALD O <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	GENEVA SPR. CO. 651 SE 28TH ST., #12		STREET ADDRESS		
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAND, MICHAEL J.		NAME		
STREET ADDRESS	209 SPRINGVIEW CT.		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAND, CYNTHIA B.		NAME		
STREET ADDRESS	GENEVA SPR. CO. 651 SE 28TH ST., #12		STREET ADDRESS		
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DESERE J		NAME		
STREET ADDRESS	1435 LAKE MIST LANE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHMOND, FRANK G.		NAME	RICHMOND, FRANK G	
STREET ADDRESS	300 GARDEN ST		STREET ADDRESS	4225 N.W 36th ST.,	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL		CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:			1-19-05. 352 475 1847		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		