

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 763473

1. Entity Name
 THE ASSOCIATION OF MENNONITE MINISTRIES, INC.



Principal Place of Business Mailing Address

30695 SW 162 AVE. 30695 SW 162 AVE.
 MIAMI, FL 33033 MIAMI, FL 33033

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02122005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2252625 Not Applicable

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

6. Name and Address of Current Registered Agent

HESS, DICK
 32125 SW 200 CT
 HOMESTEAD, FL 33030

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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 \$81.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GOERTZ, CHARLES
STREET ADDRESS	966 S. BLUEBIRD LN.
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	TD
NAME	HESS, DICK
STREET ADDRESS	32125 SW 200 CT.
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	SD
NAME	BALZEY, GLENN
STREET ADDRESS	3125 FRANKLIN
CITY-ST-ZIP	DENVER, CO 80205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____