2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F00000006720 03-19-2004 90060 048 ****70.00 RON KENOLY MINISTRIES, INC. Principal Place of Business Mailing Address 8613 CRESTGATE CIRCLE PO BOX 2200 SCENCORD. WINDERMERE, FL 34786 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address 7081 Grand National D Suite, Apt. #, etc. 03122004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number Applied For FL 77-0391201 Orlando Not Applicable 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 KENOLY, REV. RONALD Street Address (P.O. Box Number is Not Acceptable) 8613 CRESTGATE CIRCLE ORLANDO, FL 32819 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. 15 Mar 09 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Filling Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Change TITL S ☐ Delete BERNAL, DICK KAME STREET ADDRESS 3750 MCKEE ROAD, SUITE B STREET ADDRESS SAN JOSE, CA 95127 CHTY-ST-7IP CHY-ST-79P VCT Delete TITLE ☐ Change ☐ Addition TITLE AJAYI, MICHAEL NAME NAME 3750 MCKEE ROAD, SUITE B STREET ADORESS STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95127 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KENOLY, RONALD NAME NAME STREET ADDRESS 8613 CRESTGATE CIRCLE STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition PARSON, DIANE NAME NAME 2653 ALCLOBE CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34786 CiTY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Deiete ☐ Channe □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee empowered to execute this report as equired 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, emplowered.

FILED

Mar 19, 2004 8:00 am