

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003808

FILED
Apr 21, 2004
Secretary of State

Entity Name: THE OFFICE OF ADMINISTRATOR FOR WHOLE-LIFE LESSONS MISSION AND HIS SUCCESSORS,
A CORPORATION SOLE

Current Principal Place of Business:

6215 BANYAN ST
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

PO BOX 540442
MERRITT ISLAND, FL 329540442

New Mailing Address:

FEI Number: 13-4221106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLE RESOURCES
1980 N ATLANTIC AVE
STE 602
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOXIE, SHELDON
Address: 6215 BANYAN ST
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOXIE, SHELDON M ADMIN.
Address: 6215 BANYAN ST
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON M. HOXIE

ADMN

04/21/2004

Electronic Signature of Signing Officer or Director

Date