

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005020

FILED
May 01, 2005
Secretary of State

Entity Name: PEACEPATH MINISTRIES INC.

Current Principal Place of Business:

P.O. BOX 340411
TAMPA, FL 336940411

New Principal Place of Business:

P.O. BOX 47376
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 47376
TAMPA, FL 33647

New Mailing Address:

FEI Number: 75-1595911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARANSI, JOHN L
10309 BENEVA DRIVE
TAMPA, FL 33647 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARANSI, JOHN L
Address: 10309 BENEVA DR
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: ARANSI, JULIANA A
Address: 10309 BENEVA DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: ADESOKAH, MODUPEOLA
Address: 9340 S. 95TH E PLACE
City-St-Zip: TULSA, OK 74133

Title: T () Delete
Name: ABIA, ATANG
Address: 9414 E. 65TH STREET SOUTH
City-St-Zip: TULSA, OK 74133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ARANSI

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date