2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# F02000006199

Entity Name: THE OFFICE OF ELDER, AND HIS SUCCESSORS, A CORPORATION SOLE FOR SEARCH MINISTRIES

Current Principal Place of Business:

340 MANOR DR. STE B
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

340 MANOR DR. STE B
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 91-2171280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGEE, ROBERT S
255 MANOR DRIVE, UNIT 3
MERRITT ISLAND, FL 32952 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MCGEE, ROBERT S
Address: 1325 SHADY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VC ( ) Delete
Name: MCGEE, MARILYN
Address: 1325 SHADY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: MCGEE, MORGAN
Address: 1325 SHADY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: MCGEE, FAITH
Address: 1325 SHADY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

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: ROBERT S MCGEE C 01/14/2005

Electronic Signature of Signing Officer or Director — Date