

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004883

FILED
Jan 11, 2005
Secretary of State

Entity Name: PAROUSIA MINISTRIES, INC.

Current Principal Place of Business:

5010 WESLEY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 48285
TAMPA, FL 336478285 US

New Mailing Address:

FEI Number: 58-2232572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, DAVID
5010 WESLEY DRIVE
TAMPA, FL 33647 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: CP () Delete
Name: ROBERSON, DAVID
Address: 5010 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MRS. () Delete
Name: ROBERSON, MADIA W
Address: 5010 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MRS. () Delete
Name: BOGANS, KAREN T
Address: 12444 LARGO DRIVE
City-St-Zip: SAVANNAH, GA 31419

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:

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: DAVID ROBERSON

MR.

01/11/2005

Electronic Signature of Signing Officer or Director

Date