

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006369

1. Entity Name
NATIONAL COALITION OF MEN'S MINISTRIES
CORPORATION



Principal Place of Business
180 WILSHIRE BLVD.
CASSELBERRY, FL 32707

Mailing Address
180 WILSHIRE BLVD.
CASSELBERRY, FL 32707



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORLEY, PATRICK
STREET ADDRESS	180 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VST
NAME	DELK, DAVID
STREET ADDRESS	180 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	ALBERT, LEONARD
STREET ADDRESS	180 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	BREWSTER, CHARLES REV.
STREET ADDRESS	180 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	COLE, PAUL REV.
STREET ADDRESS	180 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80066-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. DELK

Date

01/07/05

Daytime Phone #

407-472-2100