

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004253

FILED
Jul 27, 2005
Secretary of State

Entity Name: DIANE ANDERS MINISTRIES INCORPORATED

Current Principal Place of Business:

PO BOX 149
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

PO BOX 149
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 63-1289990 **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:

ANDERS, JEFF
6525 NW 31ST CIR
JENNINGS, FL 32053 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: CP () Delete
Name: ANDERS, DIANE
Address: 6525 NW 31ST CIR
City-St-Zip: JENNINGS, FL 32053

Title: VCVF () Delete
Name: ANDERS, JEFF
Address: 6525 NW 31ST CIR
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: CORBET, ALTON
Address: RT 9 BOX 1022
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: ANDERS, HERBERT
Address: 1037 SHERMAN ST SE
City-St-Zip: DECATUR, AL 35601

Title: S () Delete
Name: MOBBS, LUCRETIA
Address: 209 BROOK HIGHLAND LANE
City-St-Zip: BIRMINGHAM, AL 35242

Title: T () Delete
Name: LOTT, EVA
Address: 2502 CANTEBURY AVE
City-St-Zip: MISSION, TX 78572

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:

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: JEFF ANDERS

VCVP

07/27/2005

Electronic Signature of Signing Officer or Director

Date