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

## DOCUMENT # F96000005284

1. Entity Name



Jul 20, 2005 8:00 am Secretary of State

**FILED** 

\*\*\*61.25

07-20-2005 90026 029 **
50050

INC.	ATER MINISTRIES OF GR	KEATER	CORLANDO,								
Principal Place of Business 772 PRESERVE TERRACE HEATHROW, FL 32746		Mailing Address PO BOX 952872 LAKE MARY, FL 32795-2872				50056322					
2 Principal P	lace of Business	3 Mail	ing Address	<del></del>							
<b>2.</b> 1 10 to pc. 7		a. Walling Address				i issues insistin ei	ili abul geth but	III SBIS BBIEL BIII	R IVANI (MIS) NIS	'MBI EL IEBI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				07062005 Chg-NP CR2E037 (10/03)					
City & State	9	City & State				4. FEI Number Applied For 04-2951155 Not Applicable					
Zip	Country Zip			Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registere	d Agent		N		7. Name and Addre	as of New F	Registered A	gent	
HALE, ROBERT H 772 PRESERVE TERRACE					Name Street Address (P.O. Box Number is Not Acceptable)						
HEATHRO	W, FL 32746				<u> </u>		<del></del>				
			<u> </u>		City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	x the purp	ose of changing its	register	ed office or	registere	ed agent, or both, in the	e State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	÷.										
	Signature, typed or printed name of registered agent	and title if app	tcable. (NOTE	: Registere	d Agent signati	ine required	when reinstating)	1	DATE	-	<del>-</del>
Filing Fee is \$61.25  Due by September 7, 2005  9. Election Campaign Trust Fund Contrib							\$5.00 May Be Added to Fees		lake check rida Departi		
10.	OFFICERS AND DI	RECTORS	<del></del>	11.		Δ	ADDITIONS/CHANGES	S TO OFFICE	RS AND DIRI	ECTORS IN	10 .
TITLE	D		☐ Delete	Delete TITLE						☐ Change	Addition
NAME CIDET ADDRESS	EDWARDS, JIM 813 EAGLE CLAW CT		NAM								
STREET ADDRESS : CITY-ST-ZIP	LAKE MARY, FL 32746	STREET ADDRESS CITY-ST-ZIP									
TITLE	P/D		☐ Delete	TITL					·	Change	Addition
NAME	HALE, ROBERT H			NAM	E						J
STREET ADDRESS	772 PRESERVE TERRACE				ET ADDRESS						
CITY-ST-ZIP	HEATHROW, FL 32746 STD			4-	-ST-ZIP	< T	<u> </u>			<b></b>	
TITLE NAME	HALE, JOHANNA L		☐ Delete	TITLE NAM		577	E Johna	L.		Change	Addition !
STREET ADDRESS	772 PRESERVE TERRACE			STRE	ET ADDRESS	772	E Johna Preserve Shrow, FL	Terra	ce		İ
CITY-ST-ZIP	HEATHROW, FL 32746			CITY	-ST-ZIP	Hea	throw, FL	_327	46_		
mle	D DOCTOR BALBIA		☐ Delete	πt⊔						Change	Addition (
NAME STREET ADDRESS	PROCTOR, RALPH 133 CARRIAGE HILL DR.			NAM	et aodress						
CITY-ST-ZIP	CASSELBERRY, FL 32709				-ST-ZIP					• •	1
TITLE	VD		☐ Delete	TITL	<u> </u>					☐ Change	Addition
NAME	ELDREDGE, ROBERT B SR.			NAM							
STREET ADDRESS	1692 CHERRY RIDGE DR.			1	ET ADDRESS						
CITY-ST-ZIP	HEATHROW, FL 32746				-ST-ZIP						
NAME TITLE	- •		Delete	TITU NAM			-			Change	☐ Addition
STREET ADDRESS	and the state of t	1			ET ADDRESS			٠.	os, il	· ·	[ ر
CITY-ST-ZIP			<u> </u>		-ST-ZIP		Section 1				·
<ol> <li>I hereby of indicated of the corchanged,</li> </ol>	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	n this filing s true and owered to with all oth	does not qualify for accurate and that nexecute this report er like empowered.	the exe ny signa as requi	mption stat ture shall h red by Cha	ed in Ser ave the s upter 617	ction 119.07(3)(i), Flor same legal effect as if , Florida Statutes; and	ida Statutes. made under that my nam	I further certif oath; that I ar ne appears in	ly that the ir n an officer Block 10 or	Iformation or director Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE OF SEGNING OFFICER OR DIRECTOR THE JULY 18 2005 (407) 739-160/