

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003610

Entity Name: BE-LOVED MINISTRY, CORP.

FILED  
Apr 10, 2004  
Secretary of State

**Current Principal Place of Business:**

3631 CARRIAGE GATE DR  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120309  
MELBOURNE, FL 32912

**New Mailing Address:**

FEI Number: 95-4187781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, BARBARA A  
3631 CARRIAGE GATE DR  
MELBOURNE, FL 32904 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: P ( ) Delete  
Name: RYAN, BARBARA A  
Address: 3631 CARRIAGE GATE DR  
City-St-Zip: MELBOURNE, FL 32904

Title: V ( ) Delete  
Name: RYAN, TIMOTHY M  
Address: 3631 CARRIAGE GATE DR  
City-St-Zip: MELBOURNE, FL 32904

Title: T ( ) Delete  
Name: WEBER, CHARLES DR.  
Address: 4422 OAK PLACE DR.  
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: D ( ) Delete  
Name: WALKER, MISS MARILEE  
Address: 3709 LAUREL CANYON  
City-St-Zip: STUDIO CITY, CA 91604

Title: S ( ) Delete  
Name: WILLIAMSON, JAN  
Address: 4303 ADAMS AVE  
City-St-Zip: BELLINGHAM, WA 98226

**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: BARBARA A RYAN

PRES

04/10/2004

Electronic Signature of Signing Officer or Director

Date