


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

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003610 1. Entity Name BE-LOVED MINISTRY, CORP.	
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Principal Place of Business 3631 CARRIAGE GATE DR MELBOURNE, FL 32904	Mailing Address PO BOX 120309 MELBOURNE, FL 32912
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03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4187781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RYAN, BARBARA A 3631 CARRIAGE GATE DR MELBOURNE, FL 32904
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, BARBARA A 3631 CARRIAGE GATE DR MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, TIMOTHY M 3631 CARRIAGE GATE DR MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, CHARLES DR. 4422 OAK PLACE DR. WESTLAKE VILLAGE, CA 91362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MISS MARILEE 3709 LAUREL CANYON STUDIO CITY, CA 91604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMSON, JAN 4303 ADAMS AVE BELLINGHAM, WA 98226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000285631 04/02/05-80054-006 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 all other like empowered.

SIGNATURE: <u>Barbara A. Ryan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/30/05</u> <u>321-722-2938</u> <small>Date Daytime Phone #</small>
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