# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2005**
**Secretary of State**

DOCUMENT# N00000001460

**Entity Name:** MAJESTIC MINISTRIES, INC.

**Current Principal Place of Business:**

6100 DOGWOOD DR.
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6100 DOGWOOD DR.
MILTON, FL 32570

**New Mailing Address:**

**FEI Number: 59-3628991** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

REVILL, BRENDA F
6871 CEDAR RIDGE CIRCLE
MILTON, FL 32570 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: | REVILL, BRENDA F | |
| Address: | 6871 CEDAR RIDGE CIRCLE | |
| City-St-Zip: | MILTON, FL 32570 | |
| Title: | C | ( ) Delete |
| Name: | REVILL, CHARLES R | |
| Address: | 6871 CEDAR RIDGE CIRCLE | |
| City-St-Zip: | MILTON, FL 32570 | |
| Title: | V | ( ) Delete |
| Name: | ATTAWAY, LENA | |
| Address: | P.O. BOX 232 | |
| City-St-Zip: | BAGDAD, FL 32530 | |
| Title: | ST | ( ) Delete |
| Name: | NELSON, NICOLE | |
| Address: | 9148 ALTON COURT | |
| City-St-Zip: | MILTON, FL 32583 | |
| Title: | T | ( ) Delete |
| Name: | EVANS, SCOTT | |
| Address: | 6631 RIDGE CREST DR. | |
| City-St-Zip: | MILTON, FL 32570 | |
| Title: | T | ( ) Delete |
| Name: | MATHIS, PAM | |
| Address: | 14234 HWY 87 N. | |
| City-St-Zip: | MILTON, FL 32565 | |

**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: BRENDA F REVILL P 03/25/2005

Electronic Signature of Signing Officer or Director — Date