## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2005 8:00 am Secretary of State DOCUMENT # N0000001701 1. Entity Name 03-24-2005 90035 046 \*\*\*\*70.00 NEXT LEVEL MINISTRY, INC. Principal Place of Business Mailing Address 525 E HELEN AVE 525 E HELEN AVE **PUNTA GORDA FL 33950** PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-1033781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLATT, CHARLES SR Street Address (P.O. Box Number is Not Acceptable) **525 E HELEN AVE** PUNTA GORDA FL 33950 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete Change TITLE Addition 1 TITLE PLATT, SR., CHARLES Platt NAME NAME 525 E HELEN AVE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 Ha 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change MATTHEW, YOLANDA R 5 NAME NAME 341 FAIRHAVEN STREET STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Detete PRESLEY, KENNETH L NAME NAME STREET ADDRESS 640 MARSH STREET STREET ADDRESS FORT MYERS FL 33902 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR | Date | Daylarne Phone #

12. I hereby certify that the information supplied with this filing does not qualify 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 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