2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 27, 2004 8:00 am Secretary of State

1. Entity Name GERALD DOGGETT MINISTRIES, INC.								02-27-2004	90011 ()28 ****6	51.25
Principal Place of Business Mailing Address 2290 LAKE MARION DR. P.O. BOX 608091 APOPKA, FL 32712 ORLANDO, FL 32860				,				•	~ 1	~ ~ ~ ~ ~ (
2. Principal P	Place of Busin	ness	3. Mailing	Address							
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Suite, Apt. #, etc Su		Suite	Suite, Apt. #, etc.		-01122004C	thg-NP [≈]	CR2E03	7 (10/03)			
City & Stat	e		City 8	State			4. FEI Number 58-25201:	 51		}	plied For t Applicable
Zíp		Country	Zip		Count	try	5. Certificate of S	tatus Desired		\$8.75 Add	litional
	6. Name	and Address of Curre	nt Registered /	Agent			7. Name and Add	dress of New Re			-
						Name			5	.5	· · · · · ·
DOGGETT, GERALD 2290 LAKE MARION DR APOPKA, FL 32712					Street Address ((P.O. Box Number is	Not Acceptable)		w.,		
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	وطيدا صودا المحادث	i de delen er			;	City	i		FL	Zip Code	9
8. The above	named entit	ty submits this statement	for the purpose	of changing its.re	gistered		red agent, or both, ir	the State of Flori	da. Iam f	amiliar with,	and accept
- the obligat	lions or regis	tered agent.		* .	•						
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SIGNATURE .		or printed name of registered age	ent and title if applical	ole. (NOTE: F	Registered A	Agent signature requires	d when reinstating)		DATE		
SIGNATURE .	Signature, typed	d or printed name of registered age	ent and title if applical			Agent signature requires		Ma	DATE ke check	navahla te	
SIGNATURE .	Signature, typed	d or printed name of registered age ee is \$61.25 May 1, 2004	ent and title if applical	9. Election Camp	aign Fina	ancing	d when reinstating) \$5.00 May Be Added to Fees		ke check	payable to	
SIGNATURE	Signature, typed	e is \$61.25		9. Election Camp	aign Fina	ancing	\$5.00_May.Be	Florid	ke check la Depari	ment of St	ate
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12. Thereby certify that the information supplied with this filling 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 peport 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 this ee 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 a staticress, with all other ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

redistribution i