

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

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 028 ****61.25

DOCUMENT # N00000002199

1. Entity Name
GERALD DOGGETT MINISTRIES, INC.



Principal Place of Business

**2290 LAKE MARION DR.
APOPKA, FL 32712**

Mailing Address

**P.O. BOX 608091
ORLANDO, FL 32860**

50017473



02102605 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

58-2520151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOGGETT, GERALD
2290 LAKE MARION DR.
APOPKA, FL 32712**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOGGETT, HENRY G 2290 LAKE MARION DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOGGETT, DORIS L 2290 LAKE MARION DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEFFEL, SUMMER 2290 LAKE MARION DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE:

Gerald Doggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05
Date

Daytime Phone #