

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003237

FILED
Apr 29, 2005
Secretary of State

Entity Name: WILLIE A. BATTLES MINISTRIES, INC.

Current Principal Place of Business:

2351 N.E. 200TH AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

2351 N.E. 200TH AVENUE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3647826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTLES, WILLIE A
2351 N.E. 200TH AVENUE
WILLISTON, FL 32696 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: PD () Delete
Name: BATTLES, WILLIE A
Address: 2351 N.E. 200TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: VD () Delete
Name: BATTLES, SHARON
Address: 3990 NE 155TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: LEGALL, RHONDA
Address: 20090 N.E. 30TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: BATTLES, SHARON D
Address: 20090 N.E. 30TH STREET
City-St-Zip: WILLISTON, FL 32696

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:

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: WILLIE A. BATTLES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date