2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N00000003828

Entity Name: GOD REVEALED MINISTRIES, INC.

Current Principal Place of Business:

19711 ST RD 44
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

18950 US HWY 441, #150
MT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3648790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REHMAN, D. DOUGLAS SR
19711 ST RD 44
EUSTIS, FL 32736

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:	PSTD	( ) Delete
Name:	REHMAN, DONALD D SR	
Address:	19711 SR 44	
City-St-Zip:	EUSTIS, FL 32757	
Title:	VD	( ) Delete
Name:	REHMAN, JODY L	
Address:	19711 SR 44	
City-St-Zip:	EUSTIS, FL 32757	
Title:	D	( ) Delete
Name:	MERRILL, JON K	
Address:	1209 NORTH DONNELLY STREET	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	MULLINS, CHARLES A SR	
Address:	18419 WEST LAKE DORR RD	
City-St-Zip:	ALTOONA, FL 32702 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PSTD	(X) Change ( ) Addition
Name:	REHMAN, D. DOUGLAS SR	
Address:	19711 SR 44	
City-St-Zip:	EUSTIS, FL 32757	
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: D. DOUGLAS REHMAN, SR. P 01/19/2004

Electronic Signature of Signing Officer or Director — Date