


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

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90110 001 ****61.25

DOCUMENT # N00000003838	
1. Entity Name THE COAT OF MANY COLORS MINISTRIES, INC.	

Principal Place of Business 7206 ALAFIA DRIVE RIVERVIEW FL 33569	Mailing Address 7206 ALAFIA DRIVE RIVERVIEW FL 33569
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 13-2928012		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YARBER, BETTIE D REV 7206 ALAFIA DRIVE RIVERVIEW FL 33569	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 Rev. Bettie D. Yarber Rev. Bettie D. Yarber 3-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE/Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBER, BETTIE D 7206 ALAFIA DRIVE RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Bettie D. Yarber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOINER, LEVERNE E 911-13TH STREET EAST BRADENTON FL 34208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minister Timothy E. Jones <input type="checkbox"/> Change <input type="checkbox"/> Addition 1346 FOXBORO DRIVE BRANDON, Florida 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZIER, DIANE P.O. BOX 103 PALMETTO FL 34220 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARETHA JONES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1346 FOXBORO DRIVE BRANDON, Florida 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINDONE, RAMONA 3326SAFFOLD ROAD WIMAUMA FL 33598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melodie Yarber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7206 Alafia Drive Riverview, Florida 33569-4506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINDONE, HENRY 3326SAFFOLD ROAD WIMAUMA FL 33598 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNST YARBER, LAWRENCE JR 7206 ALAFIA DR RIVERVIEW FL 33569-4506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rev. Bettie D. Yarber Rev. Bettie D. Yarber 3-31-05
Signature and typed or printed name of signing officer or director Date Day/Mo/Yr Phone #