

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004910

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CHURCH OF THE MIST, INC.

## Current Principal Place of Business:

519 E STREET  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 US

## Current Mailing Address:

P.O. BOX 4478  
CLEARWATER, FL 33758 US

## New Mailing Address:

2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 US

FEI Number: 59-3661191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIRES, LEROY E  
PO BOX 4478  
CLEARWATER, FL 33758 US

## Name and Address of New Registered Agent:

SPIRES, LEROY E  
2165 TOBE RETHERFORD ROAD  
BONIFAY, FL 32425 US

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: LEROY E. SPIRES

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P-D ( ) Delete  
Name: SPIRES, LEROY E REV.  
Address: 519 E STREET  
City-St-Zip: CLEARWATER, FL 33756 US

Title: S-D ( ) Delete  
Name: SPIRES, DIANE W REV.  
Address: 519 E STREET  
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete  
Name: LIPTRAP, JOYCE L MS.  
Address: 1004 NORTH AUGUSTA STREET  
City-St-Zip: STAUNTON, VA 24401 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D (X) Change ( ) Addition  
Name: SPIRES, LEROY E REV.  
Address: 2165 TOBE RETHERFORD ROAD  
City-St-Zip: BONIFAY, FL 32425 US

Title: S-D (X) Change ( ) Addition  
Name: SPIRES, DIANE W REV.  
Address: 2165 TOBE RETHERFORD ROAD  
City-St-Zip: BONIFAY, FL 32425 US

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: LEROY E. SPIRES

P-D

04/29/2005

Electronic Signature of Signing Officer or Director

Date