2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# N00000005273

Entity Name: SPECIAL PEOPLE'S MINISTRIES OF FLORIDA, INC.

Current Principal Place of Business:

8180 MCDANIEL DR
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4449
NORTH FORT MYERS, FL 33918

New Mailing Address:

FEI Number: 65-1042297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIDGETT, HENRY A
8180 MCDANIEL DR
NORTH FORT MYERS, FL 33917

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:	MIDGETT, HENRY A	
Address:	8180 MCDANIEL DR	
City-St-Zip:	FORT MYERS, FL 33917	
Title:	VPD	( ) Delete
Name:	MIDGETT, MARY C	
Address:	8180 MCDANIEL DR	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	TD	( ) Delete
Name:	MIDGETT, MARY C	
Address:	8180 MCDANIAL DR	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	DIR	( ) Delete
Name:	SWEET, LURLINE	
Address:	122 LELAND ST SW	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	DIR	( ) Delete
Name:	RANGER, JOHN	
Address:	11254 SW WELCH AVE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	SEC	( ) Delete
Name:	VARNER, MARILYN	
Address:	2200 PUTTER LANE	
City-St-Zip:	LEHIGH ACRES, FL 33971	

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:	
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: HENRY A MIDGETT PD 04/08/2004
Electronic Signature of Signing Officer or Director — Date