2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005273

FILED Jul 01, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 8180 MCDANIEL DR 3016 NE 2ND AVE NORTH FORT MYERS, FL 33917 CAPE CORAL, FL 33909 68 **Current Mailing Address:** New Mailing Address: P.O. BOX 4449 3016 NE 2ND AVE NORTH FORT MYERS, FL 33918 CAPE CORAL, FL 33909 68 FEI Number: 65-1042297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIDGETT, HENRY A MIDGETT, HENRY A 3016 NE 2ND AVE 8180 MCDANIEL DR NORTH FORT MYERS, FL 33917 US CAPE CORAL, FL 33909 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: 07/01/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MIDGETT, HENRY A MIDGETT, HENRY A Name: Name: 8180 MCDANIEL DR Address: 3016 NE 2ND AVE Address: City-St-Zip: FORT MYERS, FL 33917 City-St-Zip: CAPE CORAL, FL 33909 Title: () Delete Title: (X) Change () Addition MIDGETT, MARY C Name: MIDGETT, MARY C Name: Address: 8180 MCDANIEL DR Address: 3016 NE 2ND AVE City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: CAPE CORAL, FL 33909 Title: TD () Delete Title: TD (X) Change () Addition MIDGETT, MARY C MIDGETT, MARY C Name: Name: 8180 MCDANIAL DR Address: Address: 3016 NE 2ND AVE City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: CAPE CORAL, FL 33909 Title: DIR () Delete Title: () Change () Addition Name: SWEET, LURLINE Name: Address: 122 LELAND ST SW Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: DIR () Delete Title: () Change () Addition RANGER, JOHN Name: Name: 11254 SW WELCH AVE Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition VARNER, MARILYN Name: Name: Address: 2200 PUTTER LANE Address:

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.

City-St-Zip:

SIGNATURE: HENRY A MIDGETT PD 07/01/2005

LEHIGH ACRES, FL 33971

City-St-Zip: