## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	MENT # N00000005							
1. Entity Name NOW MINISTRIES, INC.					FILED			
				₹/ X/N <sub>0</sub> ,	MAR II PH	12:00		
Principal Place of Business Mailing Address					] 03			
917 PECAN ST. 917 PECAN ST.				SECF	ETARTULA	AIL		
OVIEDO, FL 32765 US OVIEDO, FL 32765 US				TALL	ETARY UL ST AHASSEE, FLO	AUIMU		
						H AME IIM HUM I		
2. Principal Place of Business Ave 3. Mailing Address 70			20000					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			100890					
St. Clond				01132005 Ch	g-NP CR2E	E037 (10/03)		
St. Claro FL		City & State		4. FEI Number 59-3668071		1	Applied For Not Applicable	
Zip 21:746 Country		Zip	Country	5. Certificate of Status Desired		\$8.75 Additional		
34	767	391,10	<del></del>			Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
KOCH, RALPH D 917 PECAN ST.				treetAddress (B.O. Born) umber is Not Acceptable)				
OVIEDO, FL 32765				Street Address (B.O. BokNumber is Not Acceptable)				
1				City C \ Zip Code				
				SI Claud FL 210 294769				
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.								
and configurations or regulations again.								
SIGNATUREX MY AT ONLY O								
Signature/typed or printed name of registered agent and title (rapplicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$61.25  9. Election Campaign Financing Due by May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Make check payable to Florida Department of State								
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	I 10	
TITLE NAME	PD KOCH, RALPH D		TITLE PA	enne H.S	WHER	Change	Addition	
STREET ADDRESS	917 PECAN ST.		STREET ADORESS 7.	eone H.S O.BOX 700	890			
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		2 3477	D-089	D	
TITLE .	VPD   KOCH, VILETA P			rais Maria	₩.	Change .	☐ Addition	
STREET ADDRESS	917 PECAN ST.		STREET ADDRESS		0850		_	
CITY-ST-ZIP	OVIEDO, FL 32765	(	CITY-ST-ZIP	St. Cloud	,FL 34	7 <i>70~ (</i>	0890_	
TITLE NAME	DST NAGLE, SHARON V		TITLE D		,	> Change	☐ Addition	
STREET ADDRESS	1		STREET ADDRESS	O BOX 7008	ap .			
CATY-ST-ZIP	OVIEDO, FL 32765	(	CITY-ST-ZIP	1008 7008	FL 34	770-	0890	
TITLE NAME			TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	, 20	<b>00488</b> 3 35010081	<u> </u>	) Tom	
CITY-ST-ZIP			CITY-ST-ZIP	03/22/1	J5U1UU8I	UU1 **5 	1.25	
TITLE NAME			ITTLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME			TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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								
of the cor changed,	poration or the receiver or trustee empo or on an attachment with an address, v	owered to execute this report as re- with all other like empowered.	quired by Chapter	617, Florida Statutes; and	that my name appear	s in Block 10 or	Block 11 if	
	SIGNATURE. Mary N. (5)//te 2/24/25 427 957.4797							
CICNAT	TIDE.	N.CSM/t		2/24	/s= i1	37.95	7-4791	
SIGNAT	URE: SIGNATURE AND TYPED OR P	PRINTED HAME OF SIGNING OFFICER OR DIR	естоя	2/24/	05 4	Daytime Phone #	7-4292	