

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005293 1. Entity Name NOW MINISTRIES, INC.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">05 MAR 11 PM 12:00</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 917 PECAN ST. OVIEDO, FL 32765 US				Mailing Address 917 PECAN ST. OVIEDO, FL 32765 US			
2. Principal Place of Business 809 Florida Ave		3. Mailing Address P.O. Box 700890					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. St. Cloud					
City & State St. Cloud FL		City & State FL					
Zip 34769		Country		Zip 34770		Country	
6. Name and Address of Current Registered Agent KOCH, RALPH D 917 PECAN ST. OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name George H. Shaffer Street Address (P.O. Box Number is Not Acceptable) 2908 Cool Breeze Cir City St Cloud FL Zip Code 34769			
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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing 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							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, RALPH D 917 PECAN ST. OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George H. Shaffer P.O. Box 700890 St. Cloud, FL 34770-0890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOCH, VILETA P 917 PECAN ST. OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Crais Manatt P.O. Box 700890 St. Cloud, FL 34770-0890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NAGLE, SHARON V 917 PECAN ST. OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Tanjia Shaffer P.O. Box 700890 St. Cloud, FL 34770-0890	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200048830372 03/22/05--01008--001 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				2/24/05 407-957-4292			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			