## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # N00000005740** 

## **FILED** Sep 09, 2004 8:00 am Secretary of State

EAGLES MOUNT FELLOWSHIP AND PROPHETIC MINISTRIES TRAINING CENTER, INCORPORATED					:	;		09-09-2	004 90	20 8000	36 ****	70.00	
3102 E LAKE AVE P.O.			P.O.	Aailing Address P.O. BOX 311232 TAMPA, FL 33680				74084065 - 111111111111111111111111111111111111					
2. Principal Place of Business 3. Ma			3. Mail	. Mailing Address									
Suite, Apt. #, etc. Si			Sui	Suite, Apt. #, etc.				09072004	Chg-NP	CF	R2E037	(10/03)	
City & State C			Cit	City & State				4. FEI Number Applied For 59-3667481 Not Applied				oplied For ot Applicable	
Zip		Country	Zip	)	Cou	ıntry		5. Certificate	of Status Desire	ed <b>K</b>		8.75 Add	ditional
	6. Name	and Address of Curren	nt Registere	d Agent				7. Name and	Address of Ne	w Regist	tered Ag	ent	
CDA76CD	MELIALI					Name _	-1/1	ier No	lia H				
FRAZIER, 4765 PUR		CLE							er is Not Accept	able)			-
TAMPA, F	L 33617					12311 Huckleberry C			1. Ct.			·	
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							7,110, 1,00					LZin Coo	
						KI					FL	335	569
8. The above the obligat	named entit	ty submits this statement tered agent.	for the purp	ose of changing its	registere	KI			th, in the State o	f Florida.		3.35 miliar with,	and accept
8. The above the obligate	tions of regis	tered agent. La H. An	arie	, Ne	lia t	KI ed office or re H. Fraz	registere	d agent, or bot	th, in the State o	of Florida.		niliar with,	and accept
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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 rry 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 rry name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: \_

ANDERSON, KIMBERLY A

7885 NIAGARA AVE

TAMPA, FL 33617

NAME

TITLE

NAME

STREET ADDRESS

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