

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-09-2004 90008 036 \*\*\*\*70.00

<b>DOCUMENT # N00000005740</b> 1. Entity Name <b>EAGLES MOUNT FELLOWSHIP AND PROPHETIC MINISTRIES TRAINING CENTER, INCORPORATED</b>					
Principal Place of Business 3102 E LAKE AVE TAMPA, FL 33610		Mailing Address P.O. BOX 311232 TAMPA, FL 33680			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3667481</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRAZIER, NELIA H 4765 PURITAN CIRCLE TAMPA, FL 33617				Name <u>Frazier, Nelia H</u> Street Address (P.O. Box Number is Not Acceptable) <u>12311 Huckleberry Ct.</u> City <u>Riverview</u> <b>FL</b> Zip Code <u>33569</u>	
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 <u>Nelia H. Frazier</u>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) <u>Nelia H. Frazier</u>	
Filing Fee is \$61.25 Due by September 8, 2004		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	PT FRAZIER, NELIA H 4765 PURITAN CIRCLE TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Frazier, Nelia H. 12311 Huckleberry Ct. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, TAVIA R 4765 PURITAN CIR TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anderson, Tavia R. 12311 Huckleberry Ct. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANTHONY, BOB 1902 BLUE SAGE CT BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pinkston, Chatequa S. 4125 E. Busch Blvd. Apt. 7 Tampa, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FAHY, JOANN 108B 17TH AVE INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ANDERSON, KIMBERLY A 7885 NIAGARA AVE TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Nelia H. Frazier</u>		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/7/04</u> (813) <u>991-9122</u>	