2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005803

FILED Apr 04, 2005 Secretary of State

Entity Name: EFFECTIVE FATHER MINISTRIES, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
1750 UNIVE SUITE 214	ERSITY DRIVE	Ē			
	RINGS, FL 33	3071			
Current Mailing Address:			New Mailing	New Mailing Address:	
SUITE 300	OWARD BLVI DERDALE, FL				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:	
1401 E. BR SUITE 300	PERRY W JR OWARD BLVI DERDALE, FL	D. 333012116 US			
The above in the State		ubmits this statement for the p	urpose of changing its	registered office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () REAM, JOHN K 7720 VENTURA PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () REAM, RITA M 7720 VENTURA PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () WESSERMAN, V 2910 NW 113TH SUNRISE, FL 3	AVE.	Name: \ Address: 2	STD (X) Change () Addition WASSERMAN, WILLIAM L 1910 NW 113TH AVE. SUNRISE, FL 33323	
Title: Name: Address: City-St-Zip:	D () APPLEGATE, RO 7060 N.W. 20TH FORT LAUDERD	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HANIFIN, WILLIA 5011 N.E. 23RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GODUTI, DAVID 4991 KINGSTON NAPLES, FL 34	N WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: JOHN K REAM PD 04/04/2005