

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2004
Secretary of State**

DOCUMENT# N00000007784

Entity Name: CHARI MINISTRY, INC.

Current Principal Place of Business:

1116 LOBLOLLY LANE
PORT ORANGE, FL 32119

New Principal Place of Business:

Current Mailing Address:

1116 LOBLOLLY LANE
PORT ORANGE, FL 32119

New Mailing Address:

FEI Number: 59-3685546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, RONALD M
1116 LOBLOLLY LANE
PORT ORANGE, FL 32119

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FITZPATRICK, RONALD M
Address: 1116 LOBLOLLY LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: VPD () Delete
Name: RICE, STEVE
Address: 18855 SECLUSION DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: DS () Delete
Name: FITPATRICK, SUSAN J
Address: 1116 LOBLOLLY LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: DT () Delete
Name: PATERNITI, EDWARD D
Address: 1301 ANTRIM CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: KELLY, LARRY JR
Address: 784 STERLING CHASE DR
City-St-Zip: DAYTONA BEACH, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: RADIGAN, IRENE
Address: 218 PINTO LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD FITZPATRICK

DP

01/27/2004

Electronic Signature of Signing Officer or Director

_____ Date