

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007784

Entity Name: CHARI MINISTRY, INC.

FILED  
Jan 27, 2004  
Secretary of State

**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