2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N00000007965

Entity Name: COOKER T. MINISTRIES, INC.

Current Principal Place of Business:

14500 CONTINENTAL GATEWAY
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

14500 CONTINENTAL GATEWAY
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 59-3684245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHAPLES, TERRY
14500 CONTINENTAL GATEWAY
ORLANDO, FL 32821

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: D ( ) Delete
Name: THOMPSON, GRETCHEN
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

Title: D ( ) Delete
Name: WAMSLEY, FRANK
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

Title: DST ( ) Delete
Name: HAWK, SUSAN
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

Title: D ( ) Delete
Name: THOMPSON, ULAY
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

Title: D ( ) Delete
Name: WAMSLEY, DEBORAH
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

Title: DVP ( ) Delete
Name: WHAPLES, JAMES F
Address: 14500 CONTINENTAL GATEWAY
City-St-Zip: ORLANDO, FL 32821

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

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

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: SUSAN HAWK MS. 04/20/2004

Electronic Signature of Signing Officer or Director — Date