


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00601	
1. Entity Name MCCOLLUM MISSIONARY MINISTRIES, INC.	

Principal Place of Business 1803 SWANN AVE ORLANDO, FL 32809 US	Mailing Address 1803 SWANN AVE ORLANDO, FL 32809 US
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08222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2551415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MERRITT, SHERYL
1803 SWANN AVENUE
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCOLLUM, LINDA L
STREET ADDRESS	1803 SWANN AVE.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	STD
NAME	MCCOLLUM, JATHAN
STREET ADDRESS	1803 SWANN AVENUE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	PD
NAME	MCCOLLUM, LEE ANNA
STREET ADDRESS	1620 NELA AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000377057
08/25/05-80004-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Linda L. McCollum **Aug. 23, 2005 (407) 855-5594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #