

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000211

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: HOME FRONT MINISTRIES INC.

## Current Principal Place of Business:

507 S. MARION ST.  
SUITE 2  
LAKE CITY, FL 32025

## New Principal Place of Business:

341 S. MARION STREET  
SUITE 2  
LAKE CITY, FL 32025

## Current Mailing Address:

4304 COUNTY ROAD 252  
WELLBORN, FL 32094

## New Mailing Address:

FEI Number: 81-0604502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIEGEL, DEANNA  
4304 COUNTY ROAD 252  
WELLBORN, FL 32094

## 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: PD ( ) Delete  
Name: RIEGEL, DEANNA  
Address: 4304 COUNTY ROAD 252  
City-St-Zip: WELLBORN, FL 32094

Title: VD ( ) Delete  
Name: COLEMAN, ALBERTA  
Address: RT 11 BOX 3330  
City-St-Zip: LAKE CITY, FL 32024

Title: TD (X) Delete  
Name: SPENCER, LINDA  
Address: RT 12 BOX 395  
City-St-Zip: LAKE CITY, FL 32025

Title: SD ( ) Delete  
Name: LAROCHE, MARILYN  
Address: RT 6 BOX 470B  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: COXE, TRULA  
Address: RT 21 BOX 43  
City-St-Zip: LAKE CITY, FL 32024

## 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: STD (X) Change ( ) Addition  
Name: LAROCHE, MARILYN  
Address: RT 6 BOX 470B  
City-St-Zip: LAKE CITY, FL 32025

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: DEANNA RIEGEL

PD

04/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date