

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 016 ****61.25

DOCUMENT # N01000000220

1. Entity Name

**STANLEY MINISTRIES FOR THE DISABLED AND
ELDERLY, INC.**



Principal Place of Business

**5548 FLAYA WAY
APT 27
JACKSONVILLE FL 32211**

Mailing Address

**P.O. BOX 8027
JACKSONVILLE FL 32239**

2. Principal Place of Business

1129 ARCO DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX FL

City & State

Zip

32211

Country

DUVAL

Country

DUVAL

4. FEI Number

59-3425440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**STANLEY, HUGH C
6427 SIMCA DR
JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee applicability

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 24, 2005

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P STANLEY, HUGH**
STREET ADDRESS **6427 SIMCA DR**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
NAME **T STANLEY, SHIRLEY**
STREET ADDRESS **6427 SIMCA DR**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
NAME **T TROTT, DAVID**
STREET ADDRESS **1730 SHADOWOOD LN, SUITE 302**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 2005
Date **909-944-1536**