

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000398

Entity Name: KEN STUTTS MINISTRIES, INC.

FILED  
Mar 09, 2004  
Secretary of State

**Current Principal Place of Business:**

168 WILLOW CREEK COVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 520747  
LONGWOOD, FL 32752

**New Mailing Address:**

FEI Number: 59-3691865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUTTS, KENNETH W  
169 WILLOW CREEK COVE  
LONGWOOD, FL 32750

**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: STUTTS, KENNETH W  
Address: 168 WILLOW CREEK COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete  
Name: JORDAHL, WAYNE C  
Address: 2815 BROGRANS BLUFF DR  
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: SD ( ) Delete  
Name: JORDAHL, PHYLLIS J  
Address: 2815 BROGANS BLUFF DR  
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: TD ( ) Delete  
Name: STUTTS, DORIS C  
Address: 168 WILLOW CREEK COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete  
Name: BUMGARNER, JAMES E  
Address: 5021 CEDAR FOREST DR  
City-St-Zip: CHARLOTTE, NC 28226

**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:

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: KENNETH W. STUTTS

PRES

03/09/2004

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

\_\_\_\_\_  
Date