2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N01000001528

Entity Name: ALABASTER JAR MINISTRIES, INC.

Current Principal Place of Business:

492 SADDELL BAY LOOP
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S. MAGUIRE ROAD, #332
OCOEE, FL 34761

New Mailing Address:

FEI Number: 31-1778405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADY, AMY J
492 SADDELL BAY LOOP
OCOEE, FL 34761 US

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: BRADY, AMY J
Address: 492 SADDELL BAY LOOP
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: BRADY, JOHN
Address: 492 SADDELL BAY LOOP
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: PRUITT, BARBARA A
Address: 526 SADDELL BAY LOOP
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: RITCHIE, HOWARD T
Address: 14137 EDEN ISLE BLVD
City-St-Zip: WINDERMERE, FL 34786

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:

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: TODD RITCHIE D 06/28/2005
Electronic Signature of Signing Officer or Director — Date