2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N01000001770

Entity Name: URBAN ASSAULT MINISTRIES, INC.

Current Principal Place of Business:

2054 LOU AVE
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 717
SNEADS, FL 32460

New Mailing Address:

FEI Number: 43-1952021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCQUEEN-LAWSON, FELISA
2054 LOU AVE
SNEADS, FL 32460 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: PD ( ) Delete
Name: LAWSON, DAVID W
Address: 2054 LOU AVE
City-St-Zip: SNEADS, FL 32460

Title: VSD ( ) Delete
Name: MCQUEEN-LAWSON, FELISA P
Address: 2054 LOU AVE
City-St-Zip: SNEADS, FL 32460

Title: D (X) Delete
Name: THOMAS, ELANA
Address: 2007 RETHA LANE
City-St-Zip: SNEADS, FL 32460

Title: D ( ) Delete
Name: MCCLOUD, CHARLES B III
Address: 531 BROWN ST.
City-St-Zip: ROCHESTER, NY 14611

Title: D ( ) Delete
Name: MERRITT, GLINDA
Address: 2754 POPLAR SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

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: FELISA P. MCQUEEN-LAWSON VSD 04/06/2005

Electronic Signature of Signing Officer or Director — Date