

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001855

FILED
Apr 29, 2005
Secretary of State

Entity Name: TURKISH REVIVAL MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 1722
SEFFNER, FL 33583 US

New Principal Place of Business:

PO BOX 93303
LAKELAND, FL 33804 US

Current Mailing Address:

PO BOX 1722
SEFFNER, FL 33583 US

New Mailing Address:

PO BOX 93303
LAKELAND, FL 33804 US

FEI Number: 59-3704720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERMAN, GUCLU C
PO BOX 1722
SEFFNER, FL 33583 US

Name and Address of New Registered Agent:

ERMAN, GUCLU C REV.
PO BOX 93303
LAKELAND, FL 33804 US

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: GUCLU COREY ERMAN

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ERMAN, GUCLU C
Address: PO BOX 1722
City-St-Zip: SEFFNER, FL 33583 US

Title: D () Delete
Name: ERMAN, GULBEN
Address: PO BOX 1722
City-St-Zip: SEFFNER, FL 33583 US

Title: D () Delete
Name: ERMAN, LEYLA
Address: 109 2ND ST. NE
City-St-Zip: HAVANA, FL 32333 US

Title: D () Delete
Name: ERMAN, HAMDİ
Address: 109 2ND ST. NE
City-St-Zip: HAVANA, FL 32333 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ERMAN, GUCLU C REV.
Address: PO BOX 93303
City-St-Zip: LAKELAND, FL 33804 US

Title: D (X) Change () Addition
Name: ERMAN, GULBEN REV.
Address: PO BOX 93303
City-St-Zip: LAKELAND, FL 33804 US

Title: D (X) Change () Addition
Name: ERMAN, LEYLA REV.
Address: 4440 S. ELM PLACE
City-St-Zip: BROKEN ARROW, OK 74011 US

Title: D (X) Change () Addition
Name: ERMAN, HAMDİ REV.
Address: 4440 S. ELM PLACE
City-St-Zip: BROKEN ARROW, OK 74011 US

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: GUCLU COREY ERMAN

PSD

04/29/2005

Electronic Signature of Signing Officer or Director

Date