

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001946

FILED
Jan 24, 2005
Secretary of State

Entity Name: COMISSION MINISTRIES, INC.

Current Principal Place of Business:

2716 N. 62ND ST.
TAMPA R, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

2716 N. 62ND ST.
TAMPA R, FL 33619

New Mailing Address:

FEI Number: 59-3721017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKETT, CECIL E
2716 N 62ND STREET
TAMPA, FL 33619 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: BRACKETT, CECIL E
Address: 2716 62ND STREET, N.
City-St-Zip: TAMPA, FL 33610

Title: VD () Delete
Name: HOWELL, FLORENCE
Address: 3304 E COLUMBUS DR
City-St-Zip: TAMPA, FL 33605

Title: STD () Delete
Name: BRACKETT, SHARON J
Address: 2716 62ND ST. N
City-St-Zip: TAMPA, FL 33610

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:

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: CECIL BRACKETT

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date