

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002120

Entity Name: MIKE CARLSON MINISTRIES, INC.

FILED
Jan 22, 2004
Secretary of State

Current Principal Place of Business:

866 TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

866 TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3706543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, W. MICHAEL
866 TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714

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: CARLSON, W. MICHAEL
Address: 866 TIMBERLAND TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: NARDELLA, ANTHONY M
Address: 919 CREST COURT
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: POWELL, CHARLES
Address: 901 CRANE'S COURT
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: LEWIS, PATRICK
Address: 3341 COLEUS COURT
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: BRAHM, THOMAS
Address: 5977 JESSICA DRIVE
City-St-Zip: APOPKA, FL 32703

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: WILLIAM MICHAEL CARLSON

PRES

01/22/2004

Electronic Signature of Signing Officer or Director

Date