2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2005
Secretary of State

DOCUMENT# N01000002120

Entity Name: MIKE CARLSON MINISTRIES, INC.

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 ( )**
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:

CARLSON, W. MICHAEL
866 TIMBERLAND TRAIL
ALTAMONTE SPRINGS, FL 32714 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:	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: W. MICHAEL D 05/28/2005
Electronic Signature of Signing Officer or Director — Date