


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002242	
1. Entity Name OLD TIME MINISTRIES CORPORATION	

Principal Place of Business 4505 EAST BUSINESS 98 PANAMA CITY, FL 32404	Mailing Address 4505 EAST BUSINESS 98 PANAMA CITY, FL 32404
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEACOCK, SHEILA K 4505 EAST BUSINESS 98 PANAMA CITY, FL 32404	DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111484 04/13/04-80019-002 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEACOCK, JAMES E 4505 EAST BUSINESS 98 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROMER, MICHAEL 1101 TASHANNA LANE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEACOCK, SHEILA K 4505 EAST BUSINESS 98 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	JAMES E. PEACOCK	4-2-04	896-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #