2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002836

Apr 29, 2004 Secretary of State

Entity Name: JUDY PETERSON MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 941413 MAITLAND, FL 327941413 **Current Mailing Address: New Mailing Address:** PO BOX 941413 MAITLAND, FL 327941413 FEI Number: 59-3714234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, JUDY A 843 GRAND REGENCY POINTE, #102 ALTAMONTE SPRINGS, FL 32714 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition INGRAM, DRUSILLA INGRAM, DRUSILLA Name: Name: Address: 4303 AVE. Q Address: 4303 AVE. Q City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: FT. PIERCE, FL 34947 Title: Title: () Delete () Change () Addition Name: PETERSON, JUDY A Name: Address: 843 GRAND REGENCY POINTE, #102 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: (X) Change () Addition PETERSON, NATHAN Name: PETERSON, NATHAN W Name: 2604 IROQUIOIS AVE. Address: 2604 IROQUIOIS AVE. Address: City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: FT. PIERCE, FL 34946 Title: () Delete Title: () Change (X) Addition Name: Name: STREATER, MALVERNA N 2318 VINKARA DRIVE Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

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: JUDY A. PETERSON D 04/29/2004