2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003338

Entity Name: JUANITA MOTLEY MINISTRIES, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6465 142 AVE N. J 204 1234 17 STREET SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

PO BOX 14371

BRADENTON, FL 342804371 US

FEI Number: 01-0622624 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:

MOTLEY, JUANITA D
6465 142 AVE N. J 204
CLEARWATER, FL 33760
MOTLEY, JUANITA D
1234 17TH STREET
SARASOTA, FL 34234

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: 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: () Change () Addition

 Name:
 PEACOCK, SONYA A
 Name:

 Address:
 619 FAMCEE AVE.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 34310
 City-St-Zip:

 Name:
 DUNLAP, COREY P
 Name:
 DUNLAP, COREY P

 Address:
 555 WATSON BAY
 Address:
 555 WATSON BAY

City-St-Zip: STONE MOUNTAIN, GA 30087 City-St-Zip: STONE MOUNTAIN, GA 30087

Title: D () Delete Title: D (X) Change () Addition
Name: ADDERLEY, ADRIENNE D Name: ADDERLEY, ADRIENNE D

 Address:
 4301 BARK DR.
 Address:
 9531 EVESHAM ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 JACKSONVILLE, FL 32208

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 DUNLAP, TRÀCIE M
 Name:
 DUNLAP, TRÀCIE M

 Address:
 4231 NW 39 AVE.
 Address:
 3915 SW 12 PLACE

 City-St-Zip:
 LAUDERDALE LAKES, FL 33309
 City-St-Zip:
 FT LAUDERDALE, FL 33312

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: JUANITA D MOTLEY PRES 04/30/2004