

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003862

FILED  
Apr 16, 2005  
Secretary of State

**Entity Name:** EQUIPPING MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

10437 HERITAGE FARMS RD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

10437 HERITAGE FARMS RD  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 65-1126928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHCRAFT, WILLIAM E  
2736 NE 19TH ST  
FT LAUDERDALE, FL 33305 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: DP ( ) Delete  
Name: WARREN, DONALD J  
Address: 10437 HERITAGE FARM RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: DVS ( ) Delete  
Name: WARREN, SUSAN K  
Address: 10437 HERITAGE FARM RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: ASHCRAFT, WILLIAM E  
Address: 2736 NE 19TH ST  
City-St-Zip: FT LAUDERDALE, FL 33305

**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:

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: SUSAN K. WARREN

DVS

04/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date