

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004149

1. Entity Name
TRIANGLE MINISTRIES, INC.



Principal Place of Business

637 BAYSHORE DRIVE
NICEVILLE, FL 32578

Mailing Address

637 BAYSHORE DRIVE
NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE



03102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

41-2045939

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, GERALD B
128 POPLAR PLACE
NICEVILLE, FL 32578

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

Rev. Gerald B. Reeves REV. GERALD B. REEVES

3/11/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHRADER, EVELYN
STREET ADDRESS 2400 CRYSTAL COVE LAN #1-102
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE D
NAME WILSON, VICKY
STREET ADDRESS 1025 JUNIPER AVE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE DS
NAME CARTER, SHERRY
STREET ADDRESS 136 GARDEN LN
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D
NAME ALTMAN, NANCY
STREET ADDRESS 117 HAMPTON CT WEST
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rev. Gerald B. Reeves REGISTERED Agent 3/11/05

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-678-4621

000000265636
03/16/05-80067-012 70.00

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