


**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      Mailing Address

**637 BAYSHORE DRIVE**      **637 BAYSHORE DRIVE**  
**NICEVILLE, FL 32578**      **NICEVILLE, FL 32578**

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>41-2045939</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**REEVES, GERALD B**  
**128 POPLAR PLACE**  
**NICEVILLE, FL 32578**

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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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, EVELYN 2400 CRYSTAL COVE LAN #1-102 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, VICKY 1025 JUNIPER AVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER, SHERRY 136 GARDEN LN NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, NANCY 117 HAMPTON CT WEST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/05-80067-012 70.00

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      850-678-4631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #