

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90284 030 \*\*\*\*70.00

<b>DOCUMENT # N01000005401</b> 1. Entity Name <b>CHRIS MUSGROVE MINISTRIES, INC.</b>					
Principal Place of Business <b>7219 137TH ROAD LIVE OAK, FL 32060</b>			Mailing Address <b>PO BOX 567 LIVE OAK, FL 32064</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3760724</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MUSGROVE, CHRIS 7219 137TH RD. LIVE OAK, FL 32060</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNISTER, JUDY RT. 4 BOX 360 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Stan Humphries 11640 C.R. 49 Live Oak, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BILLY RT 1 BOX 1695 WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Charles Neeley 802 S.W. Ridge St. Lake City, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, TING B PO BOX 58 MAYO, FL 32066	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Frank Davis 1341 Copeland St. Live Oak, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSGROVE, CHRIS 7219 137TH RD LIVE OAK, FL 32060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Robertson 105 N. Ohio Ave Live Oak, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSGOVER, TERRI 7219 137TH RD LIVE OAK, FL 32060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIERSKI, QUINN 1525 N. OHIO AVE LIVE OAK, FL 32060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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.					
<b>SIGNATURE:</b> <u>Chris Musgrove</u> <b>Chris Musgrove</b> 4-25-05-386-364-5164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					