2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N01000005571

Entity Name: SAMUEL MINISTRIES, LIVING FIRE OF Y'SHUA, INC.

Current Principal Place of Business:

506 CYPRESS STREET
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

506 CYPRESS STREET
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 31-1800156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOSLEY, SAMUEL JR
506 CYPRESS STREET
MARY ESTHER, FL 32569 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: PD ( ) Delete
Name: MOSLEY, SAMUEL JR
Address: 506 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569

Title: VTD ( ) Delete
Name: WERNER-MOSLEY, NANCY JANE
Address: 506 CYPRESS STREET
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: ELLIS, MICHAEL P
Address: 778-C NAVY STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD ( ) Delete
Name: ALEXANDER, TRACY F
Address: 306 SPENCER DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

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:

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: REV. SAMUEL MOSLEY JR. PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date