2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90689 042 ****61.25

DOCUMENT # N01000005902

1. Entity Name
ONE SPIRIT MINISTRIES, INC.

Principal Place of Business	Mailing Address
3485 PINEWALK DRIVE NORTH SUITE 205 MARGATE, FL 33063	P.O.BOX 8575 CORAL SPRINGS, FL 33075

04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3401 BAY COMMONS DR Suite, Apt. #, etc.	PO BOX 520 Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34134 Country: USA	Zip: 34133 Country: USA

4. FEI Number 65-1156227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANDELL, RILEY E 3485 PINEWALK DRIVE NORTH SUITE 205 MARGATE, FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) 3401 BAY COMMONS DR City BONITA SPRINGS FL Zip Code 34134

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: RILEY E GRANDELL 4/27/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRANDELL, RILEY E REV 3485 PINEWALK DRIVE NORTH, STE 205 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 520 BONITA SPRINGS, FL 34133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDING, N.R. 13962 WINDJAMMER CORPUS CHRISIT, TX 78418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GRANDELL, ANN J 3485 PINEWALK DRIVE NORTH, STE 205 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 520 BONITA SPRINGS, FL 34133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUB, KEN REV P.O.BOX 1 YAKIMA, WA 98907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: RILEY E. GRANDELL 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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