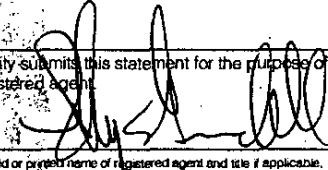
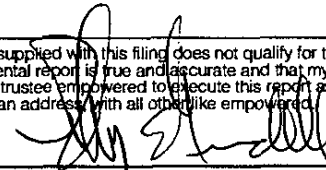


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 3485 PINEWALK DRIVE NORTH SUITE 205 MARGATE, FL 33063			Mailing Address P.O. BOX 8575 CORAL SPRINGS, FL 33075		
2. Principal Place of Business 3401 BAY COMMONS DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 520 Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL Zip 34134		City & State BONITA SPRINGS, FL Zip 34133		4. FEI Number 65-1156227 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANDELL, RILEY E 3485 PINEWALK DRIVE NORTH SUITE 205 MARGATE, FL 33063			7. Name and Address of New Registered Agent 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 DATE: 4/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		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		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		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		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			DATE: 4/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 239-834-3351		