## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005902

City-St-Zip:

YAKIMA, WA 98907

Entity Name: ONE SPIRIT MINISTRIES, INC.

FILED Apr 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3401 BAY COMMONS DR 24850 OLD 41 ROAD BONITA SPRINGS, FL 34134 SUITE 6 BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** P.O.BOX 520 BONITA SPRINGS, FL 34133 FEI Number: 65-1156227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRANDELL, RILEY E GRANDELL, RILEY E 3401 BAY COMMONS DR 4200 SAWGRASS POINT DRIVE BONITA SPRINGS, FL 34134 US #204 BONITA SPRINGS, FL 34134 US 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: 04/05/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRANDELL, RILEY E REV Name: Name: Address: PO BOX 520 Address: City-St-Zip: BONITA SPRINGS, FL 34133 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HARDING, N.R. Name: Address: 13962 WINDJAMMER Address: City-St-Zip: CORPUS CHRISIT, TX 78418 City-St-Zip: Title: DST () Delete Title: () Change () Addition GRANDELL, ANN J Name: Name: Address: PO BOX 520 Address: City-St-Zip: BONITA SPRINGS, FL 34133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GAUB, KEN REV Name: Address: P.O.BOX 1 Address:

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.

City-St-Zip:

SIGNATURE: RILEY E GRANDELL PRES 04/05/2005