2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N01000006353

Entity Name: MAKE IT CLEAR MINISTRIES, INC.

Current Principal Place of Business:

5823 HWY 4 WEST
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

5823 HWY 4 WEST
BAKER, FL 32531

New Mailing Address:

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

Name and Address of Current Registered Agent:

TROYER, HUGH
5823 HWY 4 WEST
BAKER, FL 32531 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: P ( ) Delete
Name: TROYER, HUGH
Address: 5823 HWY 4 WEST
City-St-Zip: BAKER, FL 32531

Title: VP ( ) Delete
Name: TROYER, DAVID
Address: 8329 95 TERR N.
City-St-Zip: LARGO, FL 33777

Title: ST ( ) Delete
Name: TROYER, JOYCE
Address: 5823 HWY 4 WEST
City-St-Zip: BAKER, FL 32531

Title: BOD ( ) Delete
Name: TROYER, BENJAMIN
Address: 8329 95TH TERR N
City-St-Zip: LARGO, FL 33777

Title: BOD ( ) Delete
Name: TROYER, NORMAN
Address: 5823 HWY 4 WEST
City-St-Zip: BAKER, FL 32531

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:

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: HUGH TROYER P 04/30/2005

Electronic Signature of Signing Officer or Director — Date