2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# N01000007807

Entity Name: DAWN EZELLE MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 383
MADISON, OH 44057

New Principal Place of Business:

PO BOX 116622
CARROLLTON, TX 75011

Current Mailing Address:

PO BOX 383
MADISON, OH 44057

New Mailing Address:

PO BOX 116622
CARROLLTON, TX 75011

FEI Number: 65-1154992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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: EZELLE, DAWN
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057

Title: D ( ) Delete
Name: WILEY, ROD
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057

Title: D ( ) Delete
Name: WRIGHT, MARGORIE DR
Address: PO BOX 383
City-St-Zip: MADISON, OH 44057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EZELLE, DAWN
Address: PO BOX 116622
City-St-Zip: CARROLLTON, TX 75011

Title: D (X) Change ( ) Addition
Name: WILEY, ROD
Address: PO BOX 116622
City-St-Zip: CARROLLTON, TX 75011

Title: D (X) Change ( ) Addition
Name: WRIGHT, MARGORIE DR
Address: PO BOX 116622
City-St-Zip: CARORLLTON, TX 75011

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: DAWN D. EZELLE PD 03/05/2005

Electronic Signature of Signing Officer or Director — Date