2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007856

HOPPES, C RICHARD

9001 CYPRESS TRAIL

LARGO, FL 33777

Name:

Address:

City-St-Zip:

FILED Jaņ 05, 2<u>0</u>05 Secretary of State

Entity Name: MELBEN MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 9001 CYPRESS TRAIL LARGO, FL 33777 **Current Mailing Address: New Mailing Address:** 9001 CYPRESS TRAIL LARGO, FL 33777 FEI Number: 65-1152079 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: HOPPES, CYNTHIA 9001 CYPRESS TRAIL LARGO, FL 33777 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARAWAY, JODY Name: Name: Address: 11504 61ST AVENUE Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCOTT, KEITH Name: Address: 1374 STRATFORD DRIVE Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition HARTLEY, KEN Name: Name: Address: 5208 HIXSON PIKE Address: City-St-Zip: HIXSON, TN 37343 City-St-Zip: Title: DT () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: C. RICHARD HOPPES DT 01/05/2005