

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008484

1. Entity Name

FROM BEHIND THE WALLS EVANGELISTIC MINISTRY,
INC.



Principal Place of Business
2707 W. AIRPORT BLVD.
SANFORD FL 32771

Mailing Address
2707 W. AIRPORT BLVD.
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3759744

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMASSAR, CATHY
2707 W. AIRPORT BLVD.
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RAMASSAR, CATHY
CITY-ST-ZIP 2707 W. AIRPORT BLVD.
SANFORD FL 32771

TITLE ☐ Delete
NAME D
STREET ADDRESS RAMASSAR, BASDEO R
CITY-ST-ZIP 2707 W. AIRPORT BLVD.
SANFORD FL 32771

TITLE ☐ Delete
NAME D
STREET ADDRESS WEBB, MARI J
CITY-ST-ZIP 3810 CYPRESS AVE.
SANFORD FL 32773

TITLE ☐ Delete
NAME D
STREET ADDRESS WYNN, LEOLA
CITY-ST-ZIP 168 COUNTRY CLUB CIR.
SANFORD FL 32771

TITLE ☐ Delete
NAME D
STREET ADDRESS TEMPLETON, JUDY
CITY-ST-ZIP 157 MAPLE DR.
DEBARY FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME U000000290110
STREET ADDRESS 04/06/05-80053-008 70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Cathy Ramassar CATHY RAMASSAR

3-30-05 4073228929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #