2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91231 031 ****61.25

DOCUMENT # N01000008815

1. Entity Name
STABLE MINISTRIES, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD STE 500 ORLANDO, FL 32819	P O BOX 660005 GOLDENROD, FL 32733-2375

04212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 2418 Suite, Apt. #, etc.
City & State	City & State: Goldenrod, FL
Zip / Country	Zip: 32733 Country: Seminole

4. FEI Number 56-2262150 ☐ 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
REICHERT, CARLTON R 7380 SAND LAKE ROAD STE 500 ORLANDO, FL 32819	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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISH, CHARLES 14781 HARTFORD RUN DRIVE ORLANDO, FL 32828	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Edwards, Duane 1621 Springtime Loop Winter Park, FL 32792	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDWARDS, DUANE 2233 FORT LANE ROAD GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Lee~~ Cooksey, Lee 713 Fox Valley Dr. Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLINE, AARON 568 SOUTHERN CHARM DRIVE ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kline, Aaron 568 Southern Charm Dr. Orlando, FL 32807	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABURN, LARRY 2584 LAKE HOWELL LANE WINTER PARK, FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Edwards, Linda 1621 Springtime Loop Winter Park, FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REICHERT, CARLTON R 7380 SAND LAKE ROAD STE 500 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Deal, Jennifer 1821 Whitney Way; Apt 103 Winter Park, FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SZYMANSKI, JANICE 1371 GLADIOLUS DR. WINTER PARK, FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4-29-04 407-677-7708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #