

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008986

FILED
Aug 14, 2004
Secretary of State**Entity Name:** BILL STANLEY MINISTRIES, INC.**Current Principal Place of Business:**649 SIOUX AVE
MELBOURNE, FL 32935**New Principal Place of Business:**170 WASHINGTON AVE
INDIALANTIC, FL 32903**Current Mailing Address:**649 SIOUX AVE
MELBOURNE, FL 32935**New Mailing Address:**P.O. BOX 411422
MELBOURNE, FL 32940**FEI Number:** 11-3666154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STANLEY, WILLIAM L
649 SIOUX AVE
MELBOURNE, FL 32935**Name and Address of New Registered Agent:**STANLEY, WILLIAM L
613 CASA GRANDE DR.
MELBOURNE, FL 32940

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: WILLIAM L. STANLEY

08/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, WALTER L
Address: 7 ALMOND TRAIL LANE
City-St-Zip: OCALA, FL 34772

Title: D () Delete
Name: MCGLOTHLIN, JAMES C
Address: 2825 LEXINGTON ROAD, BOX 1221
City-St-Zip: LOUISVILLE, KY 40280

Title: D () Delete
Name: LOVE, CHRIS
Address: 809 DEXTER STREET
City-St-Zip: DOTHAN, AL 36301

Title: P () Delete
Name: STANLEY, WILLIAM L
Address: 649 SIOUX AVE
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: STANLEY, DENA K
Address: 649 SIOUX AVE
City-St-Zip: MELBOURNE, FL 32935

Title: ST () Delete
Name: JOHNSON, MARGARET H
Address: 7 ALMOND TRAIL LANE
City-St-Zip: OCALA, FL 34772

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
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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: DENA K. STANLEY

V

08/14/2004

Electronic Signature of Signing Officer or Director

Date