2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2005
Secretary of State

DOCUMENT# N02000000305

Entity Name: INTENTS FAMILY CAMPING MINISTRY, INC.

Current Principal Place of Business:

5125 EL CLARO CIRCLE
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5125 EL CLARO CIRCLE
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 30-0148201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCWILLIAMS, MARK D
ERIK EDWARD JOH, P.A.
4600 N. OCEAN BLVD., STE. 206
BOYNTON BEACH, FL 33435 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: PARRIS, MARK
Address: 5125 EL CLARO CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete
Name: HARTER, DOUGLAS
Address: 3849 BEVERLY DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: SD ( ) Delete
Name: REW, JUDY W
Address: 139 PARKWOOD DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: REW, HOWARD M
Address: 139 PARKWOOD DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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
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: HOWARD M. REW TD 03/13/2005

Electronic Signature of Signing Officer or Director — Date