2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# N02000000894

Entity Name: UNDER ONE ROOF MINISTRIES, INC.

Current Principal Place of Business:

177 US HWY ONE NO 250
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

177 US HWY ONE NO 250
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 27-0002473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORENSEN, JOHN G
177 US HWY ONE NO 250
TEQUESTA, FL 33469 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: P ( ) Delete
Name: SORENSEN, JOHN G
Address: 177 US HWY ONE NO 250
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: WAGNER, DAWN
Address: 177 U.S. HWY ONE 250
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: GREEN, MICHAEL
Address: 177 U.S. HWY ONE #250
City-St-Zip: TEQUESTA, FL 33469

Title: D (X) Delete
Name: BOSTO, MARIA
Address: 177 U.S. HWY ONE #250
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARIA, BUSTO
Address: 177 U.S. HWY ONE #250
City-St-Zip: TEQUESTA, FL 33469

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: MARIA L BUSTO D 07/07/2004

Electronic Signature of Signing Officer or Director — Date