2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000894

Entity Name: UNDER ONE ROOF MINISTRIES, INC.

FILED Jul 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

177 US HWY ONE NO 250 2612 N. SERENITY CIRCLE TEQUESTA, FL 33469 FORT PIERCE, FL 34981

Current Mailing Address: New Mailing Address:

177 US HWY ONE NO 250 2612 N. SERENITY CIRCLE TEQUESTA, FL 33469 FORT PIERCE, FL 34981

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SORENSEN, JOHN G
177 US HWY ONE NO 250
TEQUESTA, FL 33469 US
SORENSEN, JOHN G
2612 N. SERENITY CIRCLE
FORT PIERCE, FL 34981 US

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: JOHN G SORENSEN 07/08/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SORENSEN, JOHN G
 Name:
 SORENSEN, JOHN G

 Address:
 177 US HWY ONE NO 250
 Address:
 2612 N. SERENITY CIRCLE

Address: 177 US HWY ONE NO 250 Address: 2612 N. SERENITY CIRCLE
City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete Title: D (X) Change () Addition Name: WAGNER, DAWN Name: WAGNER, DAWN

 Address:
 177 U.S. HWY ONE 250
 Address:
 2612 N. SERENITY CIRCLE

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:
 FORT PIERCE, FL 34981

Name: MARIA, BUSTO Name: MARIA, BUSTO

 Address:
 177 U.S. HWY ONE #250
 Address:
 2612 N. SERENITY CIRCLE

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:
 FORT PIERCE, FL 34981

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: JOHN G SORENSEN P 07/08/2005