

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002536

FILED  
May 05, 2005  
Secretary of State

Entity Name: AT-ONE-MENT MINISTRIES, INC.

## Current Principal Place of Business:

5122 CORVETTE DR.  
TAMPA, FL 33624

## New Principal Place of Business:

8102 COLONIAL VILLAGE DRIVE  
APT #203  
TAMPA, FL 33625

## Current Mailing Address:

5122 CORVETTE DR.  
TAMPA, FL 33624

## New Mailing Address:

8102 COLONIAL VILLAGE DRIVE  
APT #203  
TAMPA, FL 33625

FEI Number: 47-0856452      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:

WASHINGTON, BARBARA G  
5122 CORVETTE DR.  
TAMPA, FL 33624      US

## Name and Address of New Registered Agent:

WASHINGTON, BARBARA G  
8102 COLONIAL VILLAGE DRIVE  
APT #203  
TAMPA, FL 33625      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: \_\_\_\_\_

05/05/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: WASHINGTON, BARBARA G  
Address: 5122 CORVETTE DR.  
City-St-Zip: TAMPA, FL 33624

Title: D      ( ) Delete  
Name: SINGLETARY, KEVIN  
Address: 1755 PALMYRA DRIVE  
City-St-Zip: GREENVILLE, MS 38701

Title: SD      ( ) Delete  
Name: RICHARDSON, VERANA  
Address: 1106 VINETREE DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: D      (X) Delete  
Name: RANGE, DENNIS  
Address: 2606 26TH AVE  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: WASHINGTON, BARBARA G  
Address: 8102 COLONIAL VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33624

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: BARBARA G. WASHINGTON

PD

05/05/2005

Electronic Signature of Signing Officer or Director

Date