


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # N02000002570 1. Entity Name GOING FOURTH MINISTRIES, INC.	
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Principal Place of Business 5140 41ST AVE N ST PETERSBURG, FL 33709	Mailing Address 5140 41ST AVE N ST PETERSBURG, FL 33709
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3659081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOWE, LARRY W  
5140 41ST AVE N  
ST PETERSBURG, FL 33709

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000134847 04/28/04-80037-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOWE, LARRY W 5140 41ST AVE N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLOWE, SHEILA D 5140 41ST AVE N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STONE, ROY 106 HAYS DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Blowe 4/22/04 727-527-6861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #