2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002570

1. Entity Name
GOING FOURTH MINISTRIES, INC.

Principal Place of Business	Mailing Address
5140 41ST AVE N ST PETERSBURG, FL 33709	5140 41ST AVE N ST PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
04-3659081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000311950
04/18/05-80065-008 61.25

DO NOT WRITE IN THIS SPACE

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 Larry Blowe 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE