2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N02000002960

Entity Name: TIM FINLAYSON MINISTRIES, INC.

Current Principal Place of Business:

1303 ROBBINSWOOD DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1303 ROBBINSWOOD DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 03-0428960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINLAYSON, PATRICIA A
1303 ROBBINSWOOD DRIVE
ROCKLEDGE, FL 32955 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: D ( ) Delete
Name: FINLAYSON, TIMOTHY L
Address: 1303 ROBBINSWOOD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: FINLAYSON, PATRICIA A
Address: 1303 ROBBINSWOOD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: LINKOUS, LARRY
Address: 788 FLORENCIA CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: SIMMONS, RON
Address: POST OFFICE BOX 4009
City-St-Zip: BARTONVILLE, IL 61607

Title: D ( ) Delete
Name: BRANHAM, NANCY
Address: 1122 FIELDSTONE DRIVE
City-St-Zip: HIXSON, TN 37343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: FINLAYSON, TIMOTHY L
Address: 1303 ROBBINSWOOD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: O (X) Change ( ) Addition
Name: FINLAYSON, PATRICIA A
Address: 1303 ROBBINSWOOD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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: PATRICIA A. FINLAYSON O 04/29/2005

Electronic Signature of Signing Officer or Director — Date