2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N02000003676

Entity Name: BOSWELL HOUSE MINISTRIES, INC.

Current Principal Place of Business:

505 S FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3475
W. PALM BEACH, FL 334023475

New Mailing Address:

FEI Number: 32-0016850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401 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: PD ( ) Delete
Name: BOSWELL, JOHN
Address: 3281 MONET DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: SEMICH, ANN MARIE
Address: 12369 15TH STREET N
City-St-Zip: TEQUESTA, FL

Title: D ( ) Delete
Name: WOERNER, LESTER
Address: 777 SOUTH FLAGLER DRIVE, SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33410

Title: D ( ) Delete
Name: TEMPLETON, STEVE
Address: 540 ROYAL PALM BEACH BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN BOSWELL P 04/26/2005

Electronic Signature of Signing Officer or Director — Date