

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90124 009 ****70.00

DOCUMENT # N02000005430 1. Entity Name SKYWATCHER MUSIC MINISTRIES, INC.					
Principal Place of Business 4642 TWELVE OAKS CT. JACKSONVILLE, FL 32210			Mailing Address 4642 TWELVE OAKS CT. JACKSONVILLE, FL 32210		
2. Principal Place of Business 285 SE Pine Dr. Suite, Apt. #, etc.			3. Mailing Address 285 SE Pine Dr. Suite, Apt. #, etc.		
City & State Lake City, FL Zip 32025		City & State Lake City, FL Zip 32025		4. FEI Number 01-0737250	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIMBLE, MICHAEL L 4642 TWELVE OAKS CT. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 285 SE Pine Dr. City: Lake City FL Zip Code 32025	
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 <u>Michael L. Trimble</u> <u>Michael L. Trimble</u> <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TRIMBLE, MICHAEL L 4642 TWELVE OAKS CT. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TRIMBLE, BONNIE J 4642 TWELVE OAKS CT. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAFFORD, KATHY 561 S.W. SIESTA GLEN LAKE CITY, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Michael L. Trimble</u> <u>Michael L. Trimble</u> <u>4/14/04</u> (386) 755-3270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

24045392



04062004 Chg-NP CR2E037 (10/03)