


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005430	
1. Entity Name SKYWATCHER MUSIC MINISTRIES, INC.	

Principal Place of Business 285 SE PINE DR LAKE CITY, FL 32025	Mailing Address 285 SE PINE DR LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



03272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0737250	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
285 SE PINE DR
LAKE CITY, FL 32025

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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** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TRIMBLE, MICHAEL L 285 SE PINE DR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TRIMBLE, BONNIE J 285 SE PINE DR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAFFORD, KATHY 561 S.W. SIESTA GLEN LAKE CITY, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/30/05-80050-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael L Trimble 3/27/05 (886) 755-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #