


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006365	
1. Entity Name REMNANT MINISTRIES OF GOD, INC.	

Principal Place of Business 23 W AUDREY DR FT WALTON BEACH, FL 32548	Mailing Address 23 W AUDREY DR FT WALTON BEACH, FL 32548
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01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1839519	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 JOHNSON, MICHAEL J 23 W AUDREY DR FT WALTON BEACH, FL 32548

**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U000000089248
03/15/04-80084-015 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, MICHAEL J SR 23 W AUDREY DR FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, JAMES 526 JUSTIN ST FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, CARLEANE L 23 W AUDREY DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 (860) 844-3989

Date Daytime Phone #