

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006389

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: DOUG REED MINISTRIES INC.

## Current Principal Place of Business:

251 N.W. 9TH STREET  
BOCA RATON, FL 334322633

## New Principal Place of Business:

## Current Mailing Address:

251 N.W. 9TH STREET  
BOCA RATON, FL 334322633

## New Mailing Address:

128 SE SOMERSET CT.  
LEES SUMMIT, MO 64063

FEI Number: 76-0722148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REED, DOUGLAS  
251 N.W. 9TH STREET  
BOCA RATON, FL 334322633 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: P ( ) Delete  
Name: REED, DOUGLAS  
Address: 251 N.W. 9TH STREET  
City-St-Zip: BOCA RATON, FL 334322633

Title: VST ( ) Delete  
Name: REED, JEANNE  
Address: 251 N.W. 9TH STREET  
City-St-Zip: BOCA RATON, FL 334322633

Title: T ( ) Delete  
Name: HICKMAN, LEE  
Address: 601 CAMELOT DR  
City-St-Zip: LIBERTY, MO 64068

Title: D ( ) Delete  
Name: NORDAN, GRAY  
Address: 902 VICTORY LN  
City-St-Zip: EXCELSIOR SPRINGS, MO 64024

Title: D ( ) Delete  
Name: WINSTON, BUI  
Address: 1712 IRIS DR  
City-St-Zip: COLUMBIA, MO 65202

## 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:

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: JEANNE REED

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date