## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006494

Entity Name: FARI WRIGHT MINISTRIES IN

FILED Apr 29, 2005 Secretary of State

Entity Name: EARL WRIGHT MINISTRIES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
SORRENTO CHRISTIAN CENTER P.O. BOX 1017 SORRENTO, FL 32776	
Current Mailing Address:	New Mailing Address:
SORRENTO CHRISTIAN CENTER P.O. BOX 1017 SORRENTO, FL 32776	
FEI Number: 59-3598481 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DUNCAN, BRUCE ESQ. 308 E. 5TH AVENUE MT. DORA, FL 32757 US	
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:       PD ( ) Delete         Name:       WRIGHT, EARL D         Address:       34918 N. CR 437         City-St-Zip:       EUSTIS, FL 32736	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title: WILLIAMS, REBECCA WILLIAMS, REBECCA Name: Name: 809 N. NEW HAMPSHIRE AVE. 809 N. NEW HAMPSHIRE AVENUE Address: Address: TAVARES, FL 32778 City-St-Zip: City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: SD (X) Change ( ) Addition

 Title:
 SD () Delete
 Title:
 SD (X) Change (

 Name:
 KEES, VICKIE
 Name:
 KEES, VICKIE

 Address:
 2255 CREAT STREET
 Address:
 2255 CROAT STREET

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 MOUNT DORA, FL 32757

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: REBECCA WILLIAMS TD 04/29/2005