2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N02000006858

Entity Name: DETERMINATION MINISTRIES, INC.

Current Principal Place of Business:

14317 PINE CONE TRAIL
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

14317 PINE CONE TRAIL
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 06-1644911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDERMAN, STEVE
14317 PINE CONE TRAIL
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

ALDERMAN, RALPH S
14317 PINE CONE TRAIL
CLERMONT, FL 34711 US

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: RALPH S. ALDERMAN 04/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALDERMAN, STEVE
Address: 14317 PINE CONE TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: ALDERMAN, DARLENE
Address: 14317 PINE CONE TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: CRAWFORD, TASHA
Address: 14317 PINE CONE TRAIL
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALDERMAN, RALPH S
Address: 14317 PINE CONE TRAIL
City-St-Zip: CLERMONT, FL 34711

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: RALPH S. ALDERMAN PD 04/07/2005
Electronic Signature of Signing Officer or Director Date