2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N02000006975

Entity Name: ABSOLOM JONES MINISTRIES, INC

Current Principal Place of Business:

3518 AVE MONTRESOR
DELRAY BCH, FL 33445

New Principal Place of Business:

3518 AVE MONTRESOR
DELRAY BEACH, FL 33445

Current Mailing Address:

3518 AVE MONTRESOR
DELRAY BCH, FL 33445

New Mailing Address:

3518 AVE MONTRESOR
DELRAY BEACH, FL 33445

FEI Number: 52-2381926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENNEN, MICHAEL J
3518 AVE MONTRESOR
DELRAY BCH, FL 33445 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: PD ( ) Delete
Name: BRENNEN, MICHAEL J
Address: 3518 AVE MONTRESOR
City-St-Zip: DELRAY BCH, FL 33445

Title: VD ( ) Delete
Name: HANNA, HARLINGTON
Address: 3518 AVE MONTRESOR
City-St-Zip: DELRAY BCH, FL 33445

Title: SD ( ) Delete
Name: WILSON, MARILYN
Address: 3518 AVE MONTRESOR
City-St-Zip: DELRAY BCH, FL 33445

Title: TD ( ) Delete
Name: BRENNEN, BARBARA
Address: 3518 AVE MONTRESOR
City-St-Zip: DELRAY BCH, FL 33445

Title: D (X) Delete
Name: BOWE, JOAN
Address: 3518 AVE MONTRESOR
City-St-Zip: DELRAY BCH, FL 33445

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: MICHAEL J. BRENNEN PD 04/18/2005
Electronic Signature of Signing Officer or Director — Date