


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90046 023 \*\*\*\*70.00

<b>DOCUMENT # N02000007210</b>	
1. Entity Name <b>TAKE THE CHURCH TO THE PEOPLE MINISTRIES, INC.</b>	

Principal Place of Business <b>4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136</b>	Mailing Address <b>4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>7819 TRENT DRIVE</b>  Suite, Apt. #, etc.
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City & State <b>TAMARAC FLORIDA</b>	4. FEI Number <b>81-0566502</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33321</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SKINNER III, MR. DUFFY 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136</b>	7. Name and Address of New Registered Agent Name <b>SKINNER III, MR. DUFFY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7819 TRENT DRIVE</b> <b>TAMARAC,</b> City <b>FL</b> Zip Code <b>33321-8846</b>
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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 *Duffy Skinner III* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKINNER III, MR. DUFFY 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 7819 TRENT DRIVE TAMARAC, FLA. 33321-8846 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, LETHA W 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 7819 TRENT DRIVE TAMARAC FLA 33321-8846 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKINNER, EVELYN G 4200 INVERRARY BLVD, APT 3617 LAUDERHILL FL 33319-4136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 7819 TRENT DRIVE TAMARAC FLA 33321-8846 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *DUFFY SKINNER III* *Duffy Skinner III* 1-30-05 954-718-8332 H 954-600-9568 C