

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007282

Entity Name: PILLOW TALK MINISTRIES, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

200 THIRD ST
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

200 THIRD ST
PERRY, FL 32348

New Mailing Address:

FEI Number: 47-0911005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODFAULK, KATHY L
200 THIRD ST
PERRY, FL 32348 US

Name and Address of New Registered Agent:

WOODFAULK, KATHY L
200 THIRD ST
PERRY, FL 32348 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: KATHY WOODFAULK

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODFAULK, KATHY L
Address: 200 THIRD ST
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: WOODFAULK, VERA MAE
Address: 200 THIRD ST
City-St-Zip: PERRY, FL 32348

Title: TD () Delete
Name: LENNEAR, MELISSA A
Address: 12835 SANCTUARY COVE #2218
City-St-Zip: TEMPLE TERRACE, FL 34761

Title: D () Delete
Name: WALKER, DOVA
Address: 799 E BIRCHWOOD CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: EVERSON, JOSIE
Address: 4100 E DIJON DR
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: MITCHELL, ERNESTINE
Address: 129 S BEVERLY ST
City-St-Zip: PERRY, FL 32348

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:

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: KATHY WOODFAULK

MS.

04/28/2004

Electronic Signature of Signing Officer or Director

Date