


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 050 ****61.25

DOCUMENT # N02000007513	
1. Entity Name OMEGA FORCE MINISTRIES, INC.	

Principal Place of Business P.O. BOX 5191 LAKELAND FL 33860	Mailing Address P.O. BOX 5191 LAKELAND FL 33860
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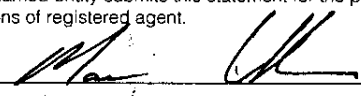
2. Principal Place of Business P.O. Box 5191	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL	City & State
Zip 33807	Country U.S.A.
Zip 33807	Country

4. FEI Number 27-0036234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILKES, MARK 3014 MIDWAY ROAD PLANT CITY FL 33565	
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7. Name and Address of New Registered Agent Name MARC WILKES Street Address (P.O. Box Number is Not Acceptable) 2209 Blackwood Dr City Mulberry FL Zip Code 33860	
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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:  DATE: 4-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D WILKES, MARK 2209 BLACKWOOD DR MULBERRY FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MILAM, GEORGE 201 MAGANOLIA LOOP MILLBROOK AL 36054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D DORSON, MATT 32 ST. VIEW COURT MILLBROOK AL 36054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D HARRIS, CRAIG 1112 EMORY PLACE ANNISTON AL 36207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D WILKES, JIM 2839 BLUSH DRIVE LAKELAND FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P. Preston Brooks 140 Turkey Hop Rd W Hollywood, AL 35083	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director Joe Johnson P.O. Box 2002 Muscle Shoals, AL 35662	
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"/> 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.	
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SIGNATURE:  DATE: 4-25-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> 4-25-04	<small>Daytime Phone #</small>
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