## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009237

HART, MARK III

OCALA, FL 34476

11030 SW 27TH AVENUE

Name:

Address: City-St-Zip:

.

FILED Jul 22, 2004 Secretary of State

Entity Name: MONTENEGRO MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 772904 OCALA, FL 34477 US **Current Mailing Address: New Mailing Address:** P.O. BOX 772904 OCALA, FL 34477 US FEI Number: 38-3666276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTENEGRO, GERARD M SR. 6574 SW 62ND COURT OCALA, FL 34474 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MONTENEGRO, GERARD M Name: Name: Address: 6574 SW 62ND COURT Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: () Change () Addition MONTENEGRO, ROLANDA D Name: Name: Address: 6574 SW 62ND COURT Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GILLIGAN, TIMOTHY L SR. Name: Name: 4718 SW 1ST AVENUE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KELLY, CHARLANA Name: Name: PO BOX 1221 Address: Address: City-St-Zip: ANTHONY, FL 32617 City-St-Zip: Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GERARD MONTENEGRO P 07/22/2004