2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# N02000009788

Entity Name: FAMILY MINISTRIES OF ST. JOHN'S COUNTY, INC.

Current Principal Place of Business:

1949 A1A SOUTH
ANASTASIA SQUARE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1949 A1A SOUTH
ANASTASIA SQUARE
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 06-1665486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, BARBARA
1949 A1A SOUTH
ANASTASIA SQUARE
ST. AUGUSTINE, FL 32080 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: COCHRAN, PHILIP
Address: 2790 CR 13-A, SOUTH
City-St-Zip: ELKTON, FL 32033

Title: VD ( ) Delete
Name: COCHRAN, KATHY
Address: 2790 CR 13-A, SOUTH
City-St-Zip: ELKTON, FL 32033

Title: D ( ) Delete
Name: GIBSON, WINDY LYNN
Address: 100 MARSH ISLAND CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T ( ) Delete
Name: STANFORD, CAROLYN
Address: 567 SEQUOIA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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:

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: PHILIP COCHRAN PD 03/11/2005

Electronic Signature of Signing Officer or Director — Date