2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02598

Entity Name: T.H.O.R.N. MINISTRIES, INC.

FILED Jun 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10414 DEEPBROOK DR
RIVERVIEW, FL 33569 US

16148 BOYETTE ROAD
RIVERVIEW, FL 33569 US

Current Mailing Address: New Mailing Address:

10414 DEEPBROOK DR
RIVERVIEW, FL 33569 US

16148 BOYETTE ROAD
RIVERVIEW, FL 33569 US

FEI Number: 59-2421661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, KRISTIN STASZA

10414 DEEPBROOK DR

RIVERVIEW, FL 33569 US

TAYLOR, KRISTIN STASZA

16148 BOYETTE ROAD

RIVERVIEW, FL 33569 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: 06/12/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TAYLOR, KRISTIN Name: TAYLOR, KRISTIN

 Address:
 10414 DEEPBROOK DR
 Address:
 16148 BOYETTE ROAD

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 RIVERVIEW, FL 33569

Title: Title: (X) Change () Addition () Delete NICOSON, CHRISTINE LOUI Name: NICOSON, CHRISTINE LOUI Name: Address: 10414 DEEPBROOK DR Address: 16148 BOYETTE ROAD City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete Title: (X) Change () Addition NICOSON, CHRISTINE LOUI NICOSON, CHRISTINE LOUI Name: Name: 10414 DEEPBROOK DR 16148 BOYETTE ROAD Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

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: KRISTIN STASZAK TAYLOR D 06/12/2005