## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000198

City-St-Zip:

FERNANDINA BEACH, FL 32034

FILED Apr 30, 2004 Secretary of State

Entity Nar	me: THE ZADOK MIN	ISTERIAL FELLOWSH	HP, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
645 MAYPORT RD ATLANTIC BEACH, FL 32233				14020 MT. PLEASANT RD. JACKSONVILLE, FL 32225			
Current Mailing Address:			New Mail	New Mailing Address:			
P O BOX 3 ATLANTIC	330198 BEACH, FL 32233						
FEI Number:	: 51-0447967 FEI Nu	mber Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
DUKE, DAN 1130 KINGS RD NEPTUNE BEACH, FL 32266 US			14020 MT.	WILLIS, CLIFFORD 14020 MT. PLEASANT RD. JACKSONVILLE, FL 32225 US			
	named entity submits e of Florida.	this statement for the p	ourpose of changing	its registered	d office or registered agent, or	both,	
SIGNATURE: CLIFFORD WILLIS				04/30/2004			
	Electronic Signa	ture of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TP ( ) Delete DUKE, DAN 1130 KINGS RD NEPTUNE BEACH, FL 32	2266	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TV () Delete GREENE, SAMUEL 14354 SANDY RUN LANE JACKSONVILLE, FL 322		Title: Name: Address: City-St-Zip:		( ) Change( ) Addition		
Title: Name: Address:	TST () Delete GOYETTE, ROBERT 134 OLD CHURCH ST		Title: Name: Address:	TST WILLIS, CLI 14020 MT. F	(X) Change ()Addition FFORD PLEASANT RD.		

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.

City-St-Zip:

JACKSONVILLE, FL 32225

SIGNATURE: DAN DUKE TP 04/30/2004