


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000366		
1. Entity Name BEHIND THE VEIL MINISTRIES, INC.		
Principal Place of Business 536 NORTH WESTMORELAND DRIVE #3 ORLANDO, FL 32805	Mailing Address 5664 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	



07032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent SIMS, CHRISTOPHER E 5664 BRECKENRIDGE CIR ORLANDO, FL 32818	DO NOT WRITE IN THIS SPACE
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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: *Christopher E Sims* *Angela Sims* ^{VT} *Angela Sims* ^D 7/11/05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

UN00000373545
07/19/05-80002-023 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMS, CHRISTOPHER 5664 BRECKENRIDGE CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCDUFFIE-SIMS, ANGELA 5664 BRECKENRIDGE CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNGBLOOD, PAMELA 4540 SOUTH LAKE PKWY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Christopher E Sims* 7/11/05 407-443-1247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #