2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N03000000633

Entity Name: MARITIME DISCIPLESHIP, INC.

Current Principal Place of Business:

89655 OVERSEAS HWY.
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 9205
TAVERNIER, FL 33070

New Mailing Address:

PO BOX 89004
TAMPA, FL 33689

FEI Number: 37-1456404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, MARLIN H
89655 OVERSEAS HWY.
TAVERNIER, FL 33070 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: MAHON, CLIFTON R JR.
Address: P.O. BOX 9205
City-St-Zip: TAVERNIER, FL 33070

Title: SD ( ) Delete
Name: MAHON, LYNN M
Address: P.O. BOX 9205
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: SIMON, MARLIN H
Address: 243 HIBISCUS ST.
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: HANSON, ALAN
Address: 167 N. COCONUT PALM
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: JONCAS, JOE
Address: 101 NE 35TH ST.
City-St-Zip: NEWPORT, OR 97365

Title: TD ( ) Delete
Name: FOSTER, BRIAN
Address: 1212 WORCESTER RD., APT. #115A
City-St-Zip: FRAMINGHAM, MA 01702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAHON, CLIFTON R JR.
Address: P.O. BOX 89004
City-St-Zip: TAMPA, FL 33689

Title: SD (X) Change ( ) Addition
Name: MAHON, LYNN M
Address: P.O. BOX 89004
City-St-Zip: TAMPA, FL 33689

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HANSON, ALAN
Address: 126 W. MAIN STREET
City-St-Zip: FROSTBURG, MD 21532

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TEETER, OLIE
Address: 12310 TOWN CREEK ROAD
City-St-Zip: FLINTSTONE, MD 21530

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: CLIFTON R. MAHON, JR. PD 04/26/2004
Electronic Signature of Signing Officer or Director — Date