2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
03-25-2004 90037 005 ****70.00

DOCUMENT # N03000000700

1. Entity Name

CLATY WILLIAMS MINISTRIES, CORPORATION

Principal Place of Business	Mailing Address
4725 PORTOBELLO CIRCLE VALRICO FL 33594	4725 PORTOBELLO CIRCLE VALRICO FL 33594

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Same as above	P.O. Box 6036
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Brandon, Fl
Zip / Country	Zip: 33508 Country: U.S.

4. FEI Number: 42-1562199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, CLATY 4725 PORTOBELLO CIRCLE VALRICO FL 33594	Name: CARLA D. Russell Street Address (P.O. Box Number is Not Acceptable): 2128 W. Cherry St City: TAMPA FL Zip Code: 33607

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: Carla D. Russell CARLA D. Russell 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, CLATY W 4725 PORTOBELLO CIRCLE VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAMS, WILLIE 4725 PORTOBELLO CIRCLE VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARTER, LATOYA 704 ISELTON DR. BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director New Address 10210 Sabal Tree Dr. #102 River View, Fl 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, BETTY 2517 SIESTA CT. APT 3 TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERSON, MARVIN C 8420 LAURDON PL TEMPLE TERRACE FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, MARCUS A 704 ISELTON DR. BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director New Address 10210 Sabal Tree Dr. #102 River View, Fl. 33569	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: C Laty Williams CLATY WILLIAMS 3-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #