

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2004  
Secretary of State**

DOCUMENT# N03000001048

Entity Name: BOELK FAMILY EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

23 COLORADO DR  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

1100 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

P.O.BOX 159  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

P.O.BOX 159  
LEHIGH ACRES, FL 33970 US

FEI Number: 71-0933951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWERS, ROBERT L  
23 COLORADO DR  
LEHIGH ACRES, FL 33936

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

BOWERS, ROBERT L  
1100 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 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: ROBERT BOWERS

04/14/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOELK, ROBERT  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D ( ) Delete  
Name: BOELK, HEIDI  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D ( ) Delete  
Name: BOWERS, ROBERT  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BOELK, ROBERT  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: D (X) Change ( ) Addition  
Name: BOELK, HEIDI  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: D (X) Change ( ) Addition  
Name: BOWERS, ROBERT  
Address: P.O.BOX 159  
City-St-Zip: LEHIGH ACRES, FL 33970 US

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: ROBERT BOWERS

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date