

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 034 ****61.25

DOCUMENT # N03000001171 1. Entity Name RONALD MCHARRIS MINISTRIES, INC.			
Principal Place of Business P O BOX 5119 NAVARRE, FL 32523		Mailing Address P O BOX 5119 NAVARRE, FL 32523	
2. Principal Place of Business 7543 Lillie Ln.		3. Mailing Address 7543 Lillie Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32526		Country United States	
4. FEI Number 542081821 (EIN#)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCHARRIS, RONALD 750 SIMLEY AVE PENSACOLA, FL 32514 <i>mailing address change</i>		7. Name and Address of New Registered Agent Name RONALD MC HARRIS Street Address (P.O. Box Number is Not Acceptable) 7543 LILLIE LANE City Pensacola FL Zip Code 32526	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT MCHARRIS, RONALD 750 SMILEY AVE PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P= RONALD MC HARRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7543 LILLIE LN. PENSACOLA, FL, 32526 <i>(address change)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, SHARON <i>(name change from Bradley to MC HARRIS)</i> 750 SMILEY AVE PENSACOLA, FL 32514 <i>(married now)</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S= SHARON MCHARRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7543 LILLIE LN PENSACOLA, FL 32526 <i>(address change)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ronald McHarris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/30/04 850-941-8056 <small>Date Daytime Phone #</small>	