

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

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90017 034 \*\*\*\*61.25

<b>DOCUMENT # N03000001304</b> 1. Entity Name <b>STARBOARD MINISTRIES, INC.</b>			
Principal Place of Business <b>1053 NE 15 PL GAINESVILLE FL 32601</b>		Mailing Address <b>PO BOX 523 GAINESVILLE FL 32602</b>	
2. Principal Place of Business <b>1053 N.E. 15th Pl</b>		3. Mailing Address <b>P.O. Box 523</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Gville FL</b>		City & State <b>Gville FL</b>	
Zip <b>32601</b>		Zip <b>32602</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>75-3101070</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCOTT MICHAEL R 4021 NW 7 ST GAINESVILLE FL 32601</b>		7. Name and Address of New Registered Agent Name <b>George F. Young</b> Street Address (P.O. Box Number is Not Acceptable) <b>1053 N.E. 15th Pl</b> City <b>Gville</b> <b>FL</b> Zip Code <b>32601</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>Founder</b> <input type="checkbox"/> Delete NAME <b>George F. Young</b> STREET ADDRESS <b>1053 N.E. 15th Pl</b> CITY-ST-ZIP <b>Gville, FL 32601</b> <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Co-Founder</b> <input type="checkbox"/> Delete NAME <b>Beth A. Young</b> STREET ADDRESS <b>1225 S.E. 11th St</b> CITY-ST-ZIP <b>Gville FL 32641</b> <b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>Michael R. Scott</b> <input type="checkbox"/> Delete NAME <b>4021 NW 7th St</b> STREET ADDRESS <b>Gville FL 32601</b> <b>Registered Agent</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete 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.			
<b>SIGNATURE: <u>George F. Young</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-18-04 352)336-0327</b> <small>Date Daytime Phone #</small>	