2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000001310

Entity Name: ROYAL FAMILY OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2147 BRACKLAND STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2147 BRACKLAND STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 30-0148000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAY, LINDA
2147 BRACKLAND STREET
JACKSONVILLE, FL 32206 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: CEOD ( ) Delete
Name: WAY, LINDA
Address: 2712 EVENTIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: VTD ( ) Delete
Name: MARSHALL, CHARLOTTE
Address: 1982 RIVER BLUFF ROAD N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: MARSHALL, FRANKLIN
Address: 2712 EVENTIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: MARSHALL, MARVIN
Address: 2712 EVENTIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LINDA WAY CEO 04/30/2005
Electronic Signature of Signing Officer or Director — Date