

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90041 043 \*\*\*\*61.25

DOCUMENT # N03000001650  
1. Entity Name  
RED TENT MINISTRIES, INC.



Principal Place of Business *Same* Mailing Address  
2654 STATE PARK RD ~~741 North Combee Rd~~ 2654 STATE PARK RD  
LAKELAND, FL 33805 LAKELAND, FL 33805  
*741 North Combee Rd Lakeland, FL 33801*



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0002719 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ST. ROCK, DONNA *741 N Combee Rd*  
2654 STATE PARK RD *Lakeland,*  
LAKELAND, FL 33805 *FL 33801*

**DO NOT WRITE  
IN THIS SPACE**

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, 2005  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	RD
NAME	ST. ROCK, DONNA
STREET ADDRESS	2654 STATE PARK RD
CITY - ST - ZIP	LAKELAND, FL 33805 <i>741 N Combee Rd Lakeland, FL 33801</i>
TITLE	VD
NAME	STRATTON, JANEY
STREET ADDRESS	5744 ODOM ROAD
CITY - ST - ZIP	LAKELAND, FL 33809
TITLE	STD
NAME	RAYMOND, BARBARA
STREET ADDRESS	POST OFFICE BOX 92343
CITY - ST - ZIP	LAKELAND, FL 33804
TITLE	VP - Terri Chambers
NAME	5418 Jacob Ave.
STREET ADDRESS	Polk City, FL 33868
CITY - ST - ZIP	
TITLE	Secretary Tracy Miller
NAME	807 Morning Star
STREET ADDRESS	Lakeland, FL 33810
CITY - ST - ZIP	
TITLE	Treasurer Leslie Bond
NAME	PO BOX 1788
STREET ADDRESS	Wauchula, FL 33873
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Donna St. Rock* DONNA ST. ROCK 3/14/05 735-0664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #