

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90034 010 \*\*\*\*61.25

**DOCUMENT # N03000001820**

1. Entity Name  
**C.O.R. MINISTRIES, INC.**



Principal Place of Business  
**15556 VERONA AVE., APT A  
CLEARWATER, FL 33760**

Mailing Address  
**15556 VERONA AVE.  
APT. B  
CLEARWATER, FL 33760**

**50066191**



09062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**05-0550548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TALLEY, VENNIE  
15556 VERONA AVE.  
APT. B  
CLEARWATER, FL 33760**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	TALLEY, VENNIE	
STREET ADDRESS	15556 VERONA AVE. APT. B	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUME, JESSE	
STREET ADDRESS	1277 DRIFTWOOD AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHACKELFORD, TWANA	
STREET ADDRESS	1721 GREENWOOD AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	MURPHY, DIANNA	
STREET ADDRESS	500 CHESTNUT ST.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, TERRI	
STREET ADDRESS	1532 SEAGULL DR. APT. 302	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DRIGGERS, WENDY	
STREET ADDRESS	2954 DREW ST APT., #1125	
CITY-ST-ZIP	CLEARWATER, FL 33759	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Vennie Talley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-6-05 Daytime Phone #