

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90021 049 \*\*\*\*70.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N03000001860</b>   |   |  |   |   |  |
| <b>1. Entity Name:</b><br><b>R. M. PEARSON MINISTRIES, INC.</b>  |   |  |   |   |  |
| <b>Principal Place of Business</b><br>3760 MAJESTIC PALM WAY<br>DELRAY BEACH, FL 33445-3509  |   |  | <b>Mailing Address</b><br>3760 MAJESTIC PALM WAY<br>DELRAY BEACH, FL 33445-3509 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   | <b>4. FEI Number</b><br>01-0765089  |  |
| Zip  |   | Country  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| PEARSON, RONALD M<br>3760 MAJESTIC PALM WAY<br>DELRAY BEACH, FL 33445-3509   |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| State: FL Zip Code   |   |  |   | State: FL Zip Code  |  |
| <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.</b>   |   |  |   |   |  |
| SIGNATURE: <b>RONALD M. PEARSON</b> 1/22/04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>   |   |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |   | <b>9. Election Campaign Financing</b><br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCEO<br>PEARSON, RONALD M<br>3760 MAJESTIC PALM WAY<br>DELRAY BEACH, FL 334453509 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PEARSON, RUTH M<br>3760 MAJESTIC PALM WAY<br>DELRAY BEACH, FL 334453509     | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MCGUIRE, RONALD F<br>1566 NORTH EAST 154TH TERRACE<br>NORTH MIAMI, FL 33162 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>EDWARDS, KAREN A<br>2118 21ST LANE<br>LAKE WORTH, FL 33463                  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>YOUNG, ETHEL R<br>700 SW 110TH AVENUE, #107<br>PEMBROKE PINES, FL 33025      | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |   |   |  |
| <b>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: <b>RONALD M. PEARSON</b> 1/22/04 (561) 637-2848<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |   |   |  |