


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000001871**

1. Entity Name  
**DRA MINISTRIES, INC.**




FILED  
04 OCT 26 PM 1:43

Principal Place of Business  
**416 NW 3RD ST.  
OKEECHOBEE, FL 34937**

Mailing Address  
**P. O. BOX 416  
OKEECHOBEE, FL 34973**

SECRETARY OF STATE  
**REINSTATEMENT**  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08252004 Chg-NP CR2E037 (10/03)

4. FEI Number  Applied For  
 Not Applicable

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

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

**TOLBERT, MARY  
1605 NW 7TH AVE.  
OKEECHOBEE, FL 34972**

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

Name **Mary Tolbert**

Street Address (P.O. Box Number is Not Acceptable)  
**416 NW 3rd Street**

City **Okeechobee, FL** Zip Code **34972**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD TOLBERT, DANNY SR. 1605 NW 7TH AVE. OKEECHOBEE, FL 34937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOLBERT, MARY 1605 NW 7TH AVE. OKEECHOBEE, FL 34937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DELAGALL, CHARLOTTE 1157 NE 13TH AVE. OKEECHOBEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, LEWIS 4429 SE 50TH AVE. OKEECHOBEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREECH, LINDA 5105 SE 42ND TR. OKEECHOBEE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, JOYCE 4429 SE 50TH AVE. OKEECHOBEE, FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition To: 416 NW 3rd Street Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition To: 416 NW 3rd Street Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change Only, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition To: 416 NW 3rd Street Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change Only, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition To: 416 NW 3rd St. Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M/T 10/28</i> 000042186650 10/26/04--01053--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042186650 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/26/04--01053--012 **\$8.75

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:** Mary Tolbert 10/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DRA MINISTRIES, INC.**  
**416 NW 3rd Street**  
**Okeechobee, FL 34972**

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October 18, 2004

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: DRA MINISTRIES, INC.**  
**DOCUMENT #N03000001871**  
**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

To whom it may concern:

Please accept our apology for the delay with the enclosed money order payment in the amount of \$61.25 to cover for fee for Dra Ministries, Inc. 2004 Annual Report. Also enclosed, see check payment for \$8.75 to cover cost for a certificate of status.

The reason for the delay was because of the recent hurricanes disasters that we have experienced in our County. We suffered from Hurricane Frances and Jean. With all the chaos packing away files and important paper work and again unpacking them and again restoring them away for safe storage, we were unable to keep up with the timing of submission of our Annual Report.

So please reconsider and reinstate our organization to an "Active" Status with the State. We feel that more time was needed and with the recent disasters and damages that we have incurred from the recent hurricanes, there were no way possible we could have prevented such delay in this matter. Please call (863) 763-9727 with any questions you might have.

Your support will be greatly appreciated.

Sincerely,



Mary Tolbert  
Dra Ministries, Inc.  
Registered Agent