

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001927

**FILED**  
**Jul 06, 2004**  
**Secretary of State****Entity Name:** STANLEY WILLIAMS MINISTRIES, INC.**Current Principal Place of Business:**184 BAGGETT PLACE  
FT. WALTON BEACH, FL 32548**New Principal Place of Business:**1822 EDGEWOOD DR.  
NAVARRE, FL 32566**Current Mailing Address:**184 BAGGETT PLACE  
FT. WALTON BEACH, FL 32548**New Mailing Address:**1822 EDGEWOOD DR.  
NAVARRE, FL 32566**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILLIAMS, STANLEY D  
184 BAGGETT PLACE  
FT. WALTON BEACH, FL 32548**Name and Address of New Registered Agent:**WILLIAMS, STANLEY  
1822 EDGEWOOD DR.  
NAVARRE, FL 32566

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: STANLEY WILLIAMS

07/06/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DR. ( ) Change (X) Addition  
Name: STANLEY, WILLIAMS PRESIDE  
Address: 1822 EDGEWOOD DR.  
City-St-Zip: NAVARRE, FL 32566Title: DR. ( ) Change (X) Addition  
Name: BETHTINA, WILLIAMS Q VICE PR  
Address: 1822 EDGEWOOD DR.  
City-St-Zip: NAVARRE, FL 32566Title: ELDE ( ) Change (X) Addition  
Name: DAVID, WILLIAMS SECRET  
Address: 19 MCMILLAN ST.  
City-St-Zip: NAVARRE, FL 32566Title: MRS. ( ) Change (X) Addition  
Name: HENSON, WANDA TRESUR  
Address: 8209 RIVERSIDE LANDING WAY  
City-St-Zip: NAVARRE, FL 32566

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: STANLEY WILLIAMS

DR.

07/06/2004

Electronic Signature of Signing Officer or Director

Date