2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90373 027 ****61.25

DOCUMENT # N03000002159

1. Entity Name
RAMSON MUMBA MINISTRIES, INC.

Principal Place of Business	Mailing Address
166 A1A HWY. N., SUITE 201-M PONTE VEDRA BCH, FL 32082	166 A1A HWY. N., SUITE 201-M PONTE VEDRA BCH, FL 32082

04282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
818 A1A HWY. NORTH	
Suite, Apt. #, etc. Suite # 204	Suite, Apt. #, etc.
City & State PONTE VEDRA BCH, FL	City & State
Zip / Country 32082 / ST JOHNS	Zip / Country

4. FEI Number
51-0455364
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name BOWEN CONSULTING GRP, LLC Street Address (P.O. Box Number is Not Acceptable) # 818 A1A HWY. N. Suite # 204 City PONTE VEDRA BCH FL Zip Code 32082

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 Robert M Bowen, Bowen Consulting Grp, LLC DATE 4/28/04
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 May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MUMBA, RAMSON		NAME		
STREET ADDRESS	166 A1A HWY. N., SUITE 201-M		STREET ADDRESS	818 A1A HWY. N. Suite # 204	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL. 32082	
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DISU, BABATUNDE M		NAME		
STREET ADDRESS	166 A1A HWY. N., SUITE 201-M		STREET ADDRESS	818 A1A Hwy. N. Suite # 204	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL. 32082	
TITLE	SD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HOLIDAY, BRYAN K		NAME		
STREET ADDRESS	166 A1A HWY. N., SUITE 201-M		STREET ADDRESS	818 A1A Hwy. N. Suite # 204	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BURCHETT, SHON		NAME		
STREET ADDRESS	166 A1A HWY. N., SUITE 201-M		STREET ADDRESS	818 A1A Hwy N. Suite # 204	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP	PONTE VEDRA BCH FL. 32082	
TITLE	DT	☐ Delete	TITLE	DP	☐ Change ☒ Addition
NAME			NAME	FREEMAN, JASON	
STREET ADDRESS			STREET ADDRESS	818 A1A HWY N., Suite # 204	
CITY-ST-ZIP			CITY-ST-ZIP	PONTE VEDRA BCH, FL. 32082	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 4/28/04 904-285-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #