

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/27/2004-90002-046-\$61.25-\$61.25

**FILED**

04 OCT -1 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04) 04

<b>DOCUMENT # N03000002567</b> 1. Entity Name <b>LARRY BENBOE MINISTRIES, INC.</b>					
Principal Place of Business <b>6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504</b>			Mailing Address <b>6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504</b>		
2. Principal Place of Business <b>24 Alan A Dale</b>		3. Mailing Address <b>24 Alan A Dale</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Pensacola, Fl.</b>		City & State <b>Pensacola, Fl.</b>		4. FEI Number <b>73-1661418</b>	
Zip <b>32506</b>		Country <b>Escambia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BENBOE, LARRY 6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Larry M. Benboe</i></u> <span style="float: right;">8/25/04</span> <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENBOE, LARRY 6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENBOE, TOVAH I 6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENBOE, TOVAH I 6030 HILBURN ROAD APT. 117 PENSACOLA FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Larry Benboe</i></u> <span style="float: right;">8/24/04 850 453 0991</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					