

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003290

FILED
Jul 14, 2004
Secretary of State**Entity Name:** RIGHTEOUS SEED MINISTRIES, INC.**Current Principal Place of Business:**1890 SW CRANE CREEK AVENUE
PALM CITY, FL 34990**New Principal Place of Business:****Current Mailing Address:**1890 SW CRANE CREEK AVENUE
PALM CITY, FL 34990**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NISSEN, GREG
9901 WESTVIEW DRIVE #320
CORAL SPRINGS, FL 33076 US**Name and Address of New Registered Agent:**NISSEN, GREG
1890 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

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: GREG NISSEN

07/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NISSEN, MARY LOU PASTOR
Address: 9901 WESTVIEW DRIVE #320
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VST () Delete
Name: NISSEN, GREG PASTOR
Address: 9901 WESTVIEW DRIVE #320
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: STANLEY, LINDA REV.
Address: 618 N.E. 15TH ST.
City-St-Zip: OKLAHOMA CITY, OK 73104

Title: D () Delete
Name: OAKS, JONATHAN ELDER
Address: 9545 TROPICAL PARK PL
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: NISSEN, JUSTIN
Address: 9901 WESTVIEW DRIVE #320
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY LOU NISSEN

P

07/14/2004

Electronic Signature of Signing Officer or Director

Date