


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003342


1. Entity Name
TED KNIGHT MINISTRIES, INC.



Principal Place of Business
**2600 W. MICHIGAN AVE., LOT 110C
PENSACOLA, FL 32526**

Mailing Address
**2600 W. MICHIGAN AVE., LOT 110C
PENSACOLA, FL 32526**

DO NOT WRITE IN THIS SPACE



08242005 No Chg-NP CR2E037 (10/03)


4. FEI Number 71-0921338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, TED
2600 W. MICHIGAN AVE., LOT 110C
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

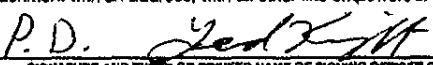
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNIGHT, TED 2600 W. MICHIGAN AVE., LOT 110C PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KNIGHT, CAROLYN B 2600 W. MICHIGAN AVE., LOT 110C PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KNIGHT, CAROLYN B 2600 W. MICHIGAN AVE., LOT 110C PENSACOLA, FL 32526
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08/29/05-80001-009 61.25

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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:  P.D. **Ted Knight**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8-25-2005** Daytime Phone #: **850-944-1586 / 723-2585**