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

SIGNATURE

May 10, 2004 8:00 am Secretary of State DOCUMENT # N03000003951 1. Entity Name 05-10-2004 90469 045 ****70.00 K. E. WILLIAMS MINISTRIES, INC. Principal Place of Business Mailing Address 1072 FORSYTIA LANE W. PALM BCH FL 33415 1072 FORSYTIA LANE **34U3J536** W. PALM BCH FL 33415 2. Principal Place of Business Mailing Address 1072 Fors Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, ROSA M 1072 FORSYTIA LANE Street Address (P.O. Box Number is Not Acceptable) W. PALM BCH FL 33415 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. **ØFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CEOD CEOD TITLE ☐ Delete TITLE Change Addition WILLIAMS, KENNETH E NAME NAME Williams, 1072 FORSYTIA LANE STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33415 CITY - ST- ZIP CITY-ST-7/P TITLE ☐ Delete TITLE WILLIAMS, ROSA M NAME NAME 1072 FORSYTIA LANE STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33415 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE □ Addition WALLACE, ERIKA NAME 912 39TH ST. STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33407 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition WALLACE, JASON NAME NAME 912 39TH ST. STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33407 CITY-ST-7IP CITY-ST-ZIP DS ☐ Delete TITLE TITLE Addition ☐ Change MORRIS, VERNETTE NAME NAME 1318 9TH CT. STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33401 CITY-ST-ZIP CITY-ST-ZIP 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.

FILED