


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

04-27-2004 90090 028 \*\*\*\*\*61.00  
FILED N03000004434

**DOCUMENT # N03000004434**

1. Entity Name  
**EVANGELISTIC MINISTRY PLANTING THE SEED INC.**



04 MAY 10 PM 6:29  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P O BOX 771192  
OCALA, FL 34477-9998

Mailing Address  
P O BOX 771192  
OCALA, FL 34477-9998



2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**FREYTES, NYDIA B**  
9 ALMOND RD  
OCALA, FL 34472

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when new filing.) DATE \_\_\_\_\_

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FREYTES, NYDIA B	
STREET ADDRESS	9 ALMOND RD	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	FREYTES, AWILDA	
STREET ADDRESS	5471 SE ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LORENZO, ELIZABETH	
STREET ADDRESS	10948 SW 18TH TER #3	
CITY-ST-ZIP	OCALA, FL 344762877	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SOLIS, GRISEL	
STREET ADDRESS	10948 SW 18TH TER #B2	
CITY-ST-ZIP	OCALA, FL 344762877	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ABRAHAM JR	
STREET ADDRESS	7800 SW 14TH ST	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlen Awilda Freytes	
STREET ADDRESS	5471 S.E. 2nd St	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Lorenzo	
STREET ADDRESS	7620 SW 14th St	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 info empowered.

SIGNATURE *Nydia B. Freytes*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date *4/23/04* 624-2707  
Date Daytime Phone #