

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006094

Entity Name: SHERLOCK BALLY MINISTRIES, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

5688 STATE ROAD 44 EAST
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

RT 1 BOX 95A
MILAN, GA 31060

New Mailing Address:

FEI Number: 58-2681450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN J ESQUIRE
5200 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: BALLY, SHERLOCK
Address: RT 1 BOX 95A
City-St-Zip: MILAN, GA 31060

Title: VP/D () Delete
Name: BALLY, RENEE
Address: RT 1 BOX 95A
City-St-Zip: MILAN, GA 31060

Title: SEC () Delete
Name: SMITH, RACHEL
Address: RT 1 BOX 95A
City-St-Zip: MILAN, GA 31060

Title: T/D () Delete
Name: SMITH, KENNETH
Address: RT 1, BOX 95A
City-St-Zip: MILAN, GA 31060

Title: D () Delete
Name: CONNER, CHARLES
Address: RT 1, BOX 79AA
City-St-Zip: MCRAE, GA 31055

Title: D () Delete
Name: BARRON, RONNY
Address: RT 1, BOX 94
City-St-Zip: MILAN, GA 31060

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
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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: SHERLOCK BALLY

D/P

04/26/2004

Electronic Signature of Signing Officer or Director

Date