2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-23-2005 90053 007 ****61.25 DOCUMENT # N03000006340 MOUNTAINTOP MINISTRIES, INC. 50030144 Principal Place of Business Mailing Address **400 WATERSIDE LANE** 400 WATERSIDE LANE NOKOMIS, FL 34275 NOKOMIS, FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 Chg-NP CB2E037 (10/03) City & State City & State 4. FEI Number 30-0123896 Applied For Not Applicable Country Country \$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 Name CARLSON REIDER G 400 WATERSIDE LANE Street Address (P.O. Box Number is Not Acceptable) NOKOMIS, FL 34275 City 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. DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete CARLSON, REIDAR G NAME NAME 400 WATERSIDE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change Addition TITLE PREWETT, DANIEL L NAME NAME 5777 BENEVA RD S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP birector 6. Eugene Mathis 3200 Spain wood Dr Savasota, FL 34232 D. --Delete TITLE TITLE-NAME MINOR, DANIEL NAME STREET ADDRESS 2611 HUNTINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34232 ☐ Change ☐ Addition TITLE CARLSON, FRANCIS NAME NAME 400 WATERSIDE LANE STREET ADDRESS STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE DREWETT, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 823 HIGEL DR CITY-ST-7IP VENICE, FL 34285 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Mar 23, 2005 8:00 am