# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 29, 2005**
**Secretary of State**

DOCUMENT# N03000007053

**Entity Name:** E.FOLSTON MINISTRIES, INC.

**Current Principal Place of Business:**

PO BOX 1651
ALACHUA, FL 32616

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1651
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number: 56-2338380** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

FOLSTON, ERNEST
7220 NW 128TH PLACE
ALACHUA, FL 32616 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: DP ( ) Delete
Name: FOLSTON, ERNEST JR
Address: 7220 NW 128TH PLACE
City-St-Zip: ALACHUA, FL 32616

Title: DV ( ) Delete
Name: FOLSTON, DOROTHY
Address: 7220 NW 128TH PLACE
City-St-Zip: ALACHUA, FL 32616

Title: DS ( ) Delete
Name: RENTZ, TARCHA F
Address: 6807 NW 37TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: DT ( ) Delete
Name: RENTZ, ISHMAEL S
Address: 6807 NW 37TH TERR
City-St-Zip: GAINESVILLE, FL 32653

**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
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: ERNEST FOLSTON JR. DP 07/29/2005

Electronic Signature of Signing Officer or Director — Date