2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2004
Secretary of State

DOCUMENT# N03000007320

Entity Name: DAVE THOMPSON MINISTRIES, INC.

Current Principal Place of Business:

3175 E RIVERSIDE DR
6
FORT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 80-0067186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, DAVID L REV.
3175 E RIVERSIDE DR
6
FORT MYERS, FL 33916 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:	PRES	( ) Delete
Name:	THOMPSON, DAVID L REV.	
Address:	3175 E RIVERSIDE DR #6	
City-St-Zip:	FORT MYERS, FL 33916 US	
Title:	S/TR	( ) Delete
Name:	THOMPSON, TAMERA J	
Address:	3175 E RIVERSIDE DR #6	
City-St-Zip:	FORT MYERS, FL 33916 US	
Title:	DIR	( ) Delete
Name:	CARON, WILLIAM A REV.	
Address:	35 EAST ST	
City-St-Zip:	PEPPERELL, MA 01463 US	
Title:	DIR	( ) Delete
Name:	BENNETT, CRAIG	
Address:	416 WISCONSIN AVE	
City-St-Zip:	MOBILE, AL 36604 US	
Title:	DIR	( ) Delete
Name:	BENNETT, CHERYL	
Address:	416 WISCONSIN AVE	
City-St-Zip:	MOBILE, AL 36604 US	

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:	
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: DAVID L. THOMPSON PRES 05/09/2004

Electronic Signature of Signing Officer or Director — Date