

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008087

FILED
Jul 29, 2005
Secretary of State

Entity Name: D.M. FOLSTON MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 1651
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1651
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 45-0524734 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:

Name and Address of New Registered Agent:

FOLSTON, DOROTHY
7220 NW 128TH PLACE
ALACHUA, FL 32616 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLSTON, DOROTHY M
Address: 7220 NW 128TH PLACE
City-St-Zip: ALACHUA, FL 32616

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: DOROTHY M. FOLSTON

PD

07/29/2005

Electronic Signature of Signing Officer or Director

Date