

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008339

FILED
Apr 30, 2005
Secretary of State

Entity Name: ONE CRYING OUT MINISTRIES INC.

Current Principal Place of Business:

1629 KINGS RD.
JACKSONVILLE, FL 32209

New Principal Place of Business:

1722 WEST 29TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

1912 RUGBY RD.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 27-0068848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, WALLACE
1912 RUGBY RD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

WALLACE, ROBERT D PASTOR
1912 RUGBY RD
JACKSONVILLE, FL 32208 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: WALLACE, ROBERT D.

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLACE, ROBERT
Address: 1912 RUGBY RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VTD () Delete
Name: WALLACE, JOYA
Address: 1912 RUGBY RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: AQUINO, PATSY
Address: 2404 W. IRONSTONE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLACE, ROBERT D
Address: 1912 RUGBY RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARRIS, DE'ANDREA
Address: 1722 WEST 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: WALLACE, ROBERT D.

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date