## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008439

METZ, BRANDON

9618 BOBWHITE WAY

PENSACOLA, FL 32514

Name:

Address:

City-St-Zip:

Entity Name: DL MARTIN MINISTRIES INC

FILED May 01, 2005 Secretary of State

Entity Na	me: DL MARTIN MINISTRIES, INC.			
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
7993 OTIS PENSACO	SWAY DLA, FL 32506			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
7993 OTIS PENSACO	S WAY DLA, FL 32506			
In accordan	: 56-2397637 FEI Number Applied For ace with s. 607.193(2)(b), F.S., the corporation A Address of Current Registered Age	did not receive the prior notice.	. ,	
The above	DLA, FL 32506 US	r the purpose of changing its registered office or registered age	nt, or both,	
SIGNATU	RE: Electronic Signature of Register	nd Agent Date		
OFFICER		•	DIDECTORS.	
Title: Name: Address: City-St-Zip:	S AND DIRECTORS:  O () Delete  MARTIN, DEAN L 7993 OTIS WAY PENSACOLA, FL 32506	ADDITIONS/CHANGES TO OFFICERS AND I  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	JIRECTORS:	
Title: Name: Address: City-St-Zip:	O ( ) Delete MARTIN, CYNTHIA REV. 7993 OTIS WAY PENSACOLA, FL 32506	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete SHREVE, PATSY REV. 6923 KITTY HAWK PENSACOLA, FL 32506	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete BROWN, PAUL REV. 8259 EL DORADO DR PENSACOLA, FL 32506	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title:	D () Delete	Title: ( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA MARTIN O 05/01/2005