2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008775

Name: Address:

City-St-Zip:

P.O. BOX 896

OCOEE, FL 34761

FILED Jun 22, 2004 Secretary of State

Entity Name: CONGO GOSPEL MISSION, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 896 OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** P.O. BOX 896 OCOEE, FL 34761 FEI Number: 77-0612509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, EDWARD PII, ESQ. 1460 EAST HIGHWAY 50 CLERMONT, FL 34711 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WELLS, FRANK Name: Name: Address: P.O. BOX 896 Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: VD () Delete Title: () Change () Addition HENDERSON, BILL Name: Name: Address: P.O. BOX 896 Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: STD () Delete Title: () Change () Addition WELLS, JUDY

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: FRANK WELLS PD 06/22/2004