

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009054

1. Entity Name
R.O.Y.S. MINISTRY, INC.



Principal Place of Business
P.O. BOX 1311
WEWAHITCHKA, FL 32465

Mailing Address
P.O. BOX 1311
WEWAHITCHKA, FL 32465



01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
73-1690474

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CARBERT
538 S. WILLIAMSBURG ROAD
WEWAHITCHKA, FL 32465

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, CARBERT M JR.
STREET ADDRESS 538 WILLIAMSBURG ROAD
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE VD
NAME LEWIS, STEPHANIE
STREET ADDRESS 144 AVENUE E.
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE CD
NAME LEWIS, ADRIAN
STREET ADDRESS 144 AVENUE E.
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE D
NAME GAINER, L.
STREET ADDRESS PO BOX 446
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE SD
NAME WILLIAMS, VALENE
STREET ADDRESS PO BOX 354
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000344504
04/29/05-80140-001 61.25

U000000344504
04/29/05-80140-002 8.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carbert M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 - 850-639-6382
Date Daytime Phone #